



BENCHMARK BOILER INSTALLATION FORM

Please complete **one (1) form for each site** and return to AERCO for warranty validation within 30 days of start-up. After completion, e-mail this form to: **STARTUP@AERCO.COM**.

Completed By: _____ Date: _____

Location

Installation Name: _____ SST Technician: _____
 Street Address: _____ Company: _____
 City, State, Zip: _____ Phone #: _____
 AERCO Sales Rep: _____

Equipment Classification

Unit Type: BMK750 BMK1000 BMK1500 BMK2000 BMK2500 BMK3000 BMK6000

Unit Serial _____
 Number(s) _____

(Add _____
 additional _____
 in Notes if _____
 needed) _____

General Installation

1. Is the condensate disposal system adequately sized and does it drain properly? Yes No
2. Is the condensate disposal system installed in accordance with the instructions in the latest version of the AERCO O&M? Yes No
3. Is the relief valve piped to drain or within 12" of floor? Yes No
4. Is there an electrical service switch at or near the unit? Yes No
5. Does any electrical conduit, ductwork or piping impede the serviceability of the unit or the ability to remove the sheet metal covers? Yes No
6. Is there an adequately sized condensate neutralizer kit installed? Yes No
7. Have all electrical components been verified for proper grounding? Yes No
8. Has all communication wire been properly shielded? Yes No
9. Are all units installed in accordance with the clearances defined in the Innovation O&M? Yes No
 - a. If not, why not? _____

Hydronic Installation

1. If there are multiple units, are the units piped "reverse-return"? Yes No
2. Are balancing valves or circuit setters installed? Yes No
3. Are motorized isolation valves installed? Yes No
4. What are the maximum/minimum design flow rates through the unit? Max _____ GPM, Min _____ GPM
 - a. Were the maximum & minimum flow rates verified? Yes No
5. Is the **remote interlock** connection on the C-More utilized? Yes No
 - a. Please list all devices connected to the remote interlock: _____
6. Is the **delayed interlock** utilized & receiving external power: Yes No
 - a. Please list all devices connected to the remote interlock: _____
7. Is the system (check all that apply):

<input type="checkbox"/> Water Source Heat Pump	<input type="checkbox"/> Primary/Secondary Pumping	<input type="checkbox"/> Other (Please specify)
<input type="checkbox"/> A Variable Flow System	<input type="checkbox"/> Used for Reheat	_____
<input type="checkbox"/> Reverse Return	<input type="checkbox"/> Combination Control	
8. What is the design system flow rate? _____ GPM
9. What is the design plant delta T? _____ °F

Mode of Operation

Individual Unit Control (choose one):

- | | |
|--|--|
| <input type="checkbox"/> Remote Set Point (Analog) | <input type="checkbox"/> Combination Boiler/Water Heater |
| <input type="checkbox"/> Remote Set Point (Network/MODBUS) | <input type="checkbox"/> ACS (see below) |
| <input type="checkbox"/> Direct Drive | <input type="checkbox"/> BMS (see below) |
| <input type="checkbox"/> Indoor/Outdoor Reset | <input type="checkbox"/> BMS II (see below) |
| <input type="checkbox"/> Constant Setpoint | <input type="checkbox"/> BST (see below) |

If BST, ACS, BMS or BMS II is used, the mode of operation is (choose one):

- | | |
|---|--|
| <input type="checkbox"/> Constant Setpoint | <input type="checkbox"/> Combination Control Panel (CCP) |
| <input type="checkbox"/> Indoor/Outdoor Reset | <input type="checkbox"/> Network (MODBUS) |

If Network (MODBUS) is chosen above, the network type is (choose one):

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Gateway | <input type="checkbox"/> Other: (Please specify) |
| <input type="checkbox"/> ProtoNode | _____ |

If Building Automation System (BAS) Protocol is in use (choose one):

- | | |
|--|--|
| <input type="checkbox"/> BACNet (choose one): | |
| <input type="checkbox"/> IP (ProtoNode Only) | <input type="checkbox"/> MS/TP |
| <input type="checkbox"/> PTP | <input type="checkbox"/> ARC156 (XPC Model Only) |
| <input type="checkbox"/> Johnson Controls - N2 | |
| <input type="checkbox"/> LonWorks | |

Summary

1. Is the boiler plant installed in accordance with AERCO guidelines and industry best practices? Yes No
- a. If No, please describe the issues.
-
- b. Who has been contacted? Please provide name & number for each person contacted (check all that apply)?
- | | |
|---|--|
| <input type="checkbox"/> AERCO Applications Engineer: _____ | <input type="checkbox"/> General Contractor: _____ |
| <input type="checkbox"/> Mechanical Contractor: _____ | <input type="checkbox"/> Building Owner: _____ |
| <input type="checkbox"/> Design Engineer: _____ | <input type="checkbox"/> Plumber: _____ |
| <input type="checkbox"/> Controls Engineer: _____ | <input type="checkbox"/> Electrician: _____ |
2. Is there any conflict between the Installation & the Engineer's Specification or Design Plans? Yes No
- a. If Yes, please describe the issues.
-
- b. Who has been contacted? Please provide name & number for each person contacted (check all that apply)?
- | | |
|---|--|
| <input type="checkbox"/> AERCO Applications Engineer: _____ | <input type="checkbox"/> General Contractor: _____ |
| <input type="checkbox"/> Mechanical Contractor: _____ | <input type="checkbox"/> Building Owner: _____ |
| <input type="checkbox"/> Design Engineer: _____ | <input type="checkbox"/> Plumber: _____ |
| <input type="checkbox"/> Controls Engineer: _____ | <input type="checkbox"/> Electrician: _____ |
3. Are there any conflicts or physical restrictions that will prevent the boiler plant from receiving proper preventative maintenance in the future? Yes No
- a. If Yes, please describe the issues.
-
- b. Who has been contacted? Please provide name & number for each person contacted (check all that apply)?
- | | |
|---|--|
| <input type="checkbox"/> AERCO Applications Engineer: _____ | <input type="checkbox"/> General Contractor: _____ |
| <input type="checkbox"/> Mechanical Contractor: _____ | <input type="checkbox"/> Building Owner: _____ |
| <input type="checkbox"/> Design Engineer: _____ | <input type="checkbox"/> Plumber: _____ |
| <input type="checkbox"/> Controls Engineer: _____ | <input type="checkbox"/> Electrician: _____ |
4. Please outline any exceptions that have been granted by AERCO Applications Engineering for this installation if necessary.
-
- a. AERCO Application Engineering Sign Off: _____

ADDITIONAL NOTES: