

Please complete ONE (1) form for each SITE at which DHT SP Series Units are installed and return it to DHT for warranty validation within 30 days of start-up. After completion, e-mail this form to: WARRANTY@DHTNET.COM or fax to 718-386-7809.

Completed by: _____

Date: _____

UNIT AND LOCATION

Installation Name: _____ Technician: _____

Street Address: _____ Company: _____

City, State, Zip: _____

Phone#: _____ Fax#: _____ Email: _____

DHT Sales Rep: _____

EQUIPMENT CLASSIFICATION

Choose the unit type and enter the serial number for each unit. Add additional in ADDITIONAL NOTES if needed.

Model #: _____

Serial #: _____

GENERAL INSTALLATION

1. Is the relief valve piped to drain or within 12" of floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is there an electrical service switch at or near the unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Does any electrical conduit, ductwork or piping impede the serviceability of the unit or the ability to remove the sheet metal covers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have all electrical components been verified for proper grounding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has all communication wire been properly shielded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. What is the system pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. The system application is: <input type="checkbox"/> Potable Water <input type="checkbox"/> Process <input type="checkbox"/> Storage Tank <input type="checkbox"/> Other: _____		
8. Are all units installed in accordance with the clearances defined in the SUPERPLATE OM? If no, why? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. If multiple units are installed in parallel, are they piped reversed return as per the SUPERPLATE OM? If no, why? _____	<input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No

FOR HEATERS USING A STORAGE TANK

1. Storage tank is:	<input type="checkbox"/> Stratified	<input type="checkbox"/> Accumulator
2. The tank has:	<input type="checkbox"/> Baffle	<input type="checkbox"/> Dispersion Tube
3. What is the storage tanks volume?	_____ Gallons	
4. What is the heater outlet temperature?	_____ °F	

5. Position of aquastat:	<input type="checkbox"/> Upper 1/3	<input type="checkbox"/> Middle 1/3	<input type="checkbox"/> Lower 1/3	<input type="checkbox"/> No aquastat
6. What is the aquastat temperature setting?	_____ °F			
7. Does the aquastat control the pump between the tank & heater?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
8. Is a throttling valve installed between the pump and heater?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
9. Is there a bypass loop around the pump?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
10. What is the capacity of pump between the tank and heater?	_____ GPM			

WATER HEATER INSTALLATION		
1. Are isolation valves installed in the inlet piping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are isolation valves installed in the outlet piping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is a hose bib installed in the outlet piping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are check valves installed in the cold water inlet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are check valves installed in the recirculation line?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Building recirculation is piped to:	<input type="checkbox"/> Inlet Side of Heater	<input type="checkbox"/> None
7. Record distance of building connections (ft) _____ & cold water feed _____ to the bank of unit (s)		
8. What are the maximum/ minimum design flow rates through the unit?	MAX _____ GPM	MIN _____ GPM
8a. Were the maximum/ minimum flow rates verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. What is the design system flow rate?	_____ GPM	
10. What is the design boiler plant delta T?	_____ ° F	
11. Is there a buffer tank used with the SUPERPLATE Heater?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11a. If yes, is the buffer tank supplied by DHT?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11b. Number of buffer tank ports?	<input type="checkbox"/> 2 Ports	<input type="checkbox"/> 4 Ports
11c. Buffer tank volume:	_____ Gallons	
12. What is the setpoint?		
13. What is the high limit set to?		
14. What boiler water temp is being supplied?		
15. What is the boiler water pressure?		
16. Does the SuperPlate have a dedicated boiler pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. What is flow rate of the pump?		
18. Has the flow been verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONTROL BOX CONFIGURATION

Please indicate if any changes have been made to the Factory Settings.

Factory Settings	Factory Value	Field Value (Changes)	Factory Settings	Factory Value	Field Value (Changes)
Set Point	140°F		Feed forward Gain	1	
Control Valve Open	Automatic		Feed forward Lead Time	5	
Primary Alarm On/ Off	+ Δ 20 °F		Feed forward Lag Time	3	
Secondary Alarm On/ Off	+ Δ 30 °F		Aquastat (if used)	180 °F	
Gain	20		Pump Dev. High	2 °F	
Integral	360		Pump Dev. Low	5 °F	
Derivative	0				

WATER QUALITY

DHT recommends that a sample of the unit's input water supply be tested to determine if it will have an adverse effect on the unit. Testing can be via a standard water quality test kit, widely available at retail hardware and home improvement stores. The following questions can be answered by such test kits.

1. What is the pH of the water? <i>(a pH between 6.5 to 9.5 is recommended)</i>				
2. What is the hardness of the water? <i>Grains per Gallon (1-10 is recommended)</i>				
3. Is there a water softening or treatment system installed?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
3a. If yes, what kind?	<input type="checkbox"/> Salt	<input type="checkbox"/> No Salt	<input type="checkbox"/> Chemical Injection	<input type="checkbox"/> Other: _____

SUMMARY

1. Are all the units installed in accordance with DHT guidelines & industry best practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
1a. If no, please describe the issues.		
1b. Who has been contacted? Please provide name & Number for each person contacted. (Check all that apply)		
<input type="checkbox"/> DHT Engineer: <input type="checkbox"/> Mechanical Contractor: <input type="checkbox"/> Design Engineer: <input type="checkbox"/> Controls Engineer: <input type="checkbox"/> General Contractor: <input type="checkbox"/> Building Owner: <input type="checkbox"/> Plumber: <input type="checkbox"/> Electrician:		
2. Is there any conflicts between the Installation & the Engineer's Specification or Design Plans?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2a. If no, please describe the issues.		
3. Are there any conflicts or physical restrictions that will prevent the boiler plant from receiving proper preventative maintenance in the future?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3a. If no, please describe the issues.	
3b. Who has been contacted? Please provide name & Number for each person contacted. (Check all that apply)	
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> DHT Engineer: </div> <div> <input type="checkbox"/> Mechanical Contractor: </div> <div> <input type="checkbox"/> Design Engineer: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Controls Engineer: </div> <div> <input type="checkbox"/> General Contractor: </div> <div> <input type="checkbox"/> Building Owner: </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Plumber: </div> <div> <input type="checkbox"/> Electrician: </div> </div>	
4. Please outline any exceptions that have granted by a DHT Engineer for this installation if necessary.	

Other Notes:

Sign Off:	Date:
Notes:	

Startup is defined as one (1x) site visit by an authorized Wales Darby technician to set up the product(s) for operation. For more information regarding what the startup services are per product, see the Startup Report Forms at <https://walesdarby.com/startupforms/>. Wales Darby is not responsible for any services not listed on the applicable Startup Report Forms, including owner's training and commissioning. Should other services not listed on the Startup Report Forms be needed, please inquire with your salesperson.

Prior to Wales Darby Inc. scheduling a Startup, Customer MUST fill out the applicable Pre-Startup Checklists and return to Wales Darby. Pre-Start Up Checklists can be found at <https://walesdarby.com/checklists/>. Once Pre-Start Up Checklists are received by Wales Darby, please allow up to ten (10) business days for Startup scheduling.

Additional charges may apply for (1) additional visits if the product(s) are not ready for Startup when technician is onsite, (2) cancellations for Startup within 24 hours of the scheduled time, (3) expedited scheduling requiring Startup to be performed within three (3) business days of the request (4) work performed during the visit that is not included in the applicable Startup Report Forms, or (5) other site visits to perform work not covered under the scope of Startup.

Utilizing Startup does not preclude the Customer from following the products' IOM(s).