



DIVERSIFIED
HEAT TRANSFER INC.

ST SERIES INSTALLATION FORM

Please complete ONE (1) form for each SITE at which DHT ST 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. Does the installation meet DHT recommended clearances?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does condensate gravity drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is there any lift in the condensate piping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Does condensate drain to a receiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the relief valve piped to drain or within 12" of floor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is the unit's drain piped to the floor or a drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is a recirculation system used to maintain system water temperature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. If yes, what is the recirculation pump capacity in GPM?	GPM	
9. Is heat trace used to maintain system water temperatures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. What is the outlet water temperature set point?	°F	
11. What is the high limit temperature switch setting?	°F	
12. For a multiple unit installation, does the system utilize one or more of the following balancing methods?		
Reverse Return Piping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Balancing Valves	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Current Feed Manifolds	<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
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SECTION 6: TECHNICAL DRAWINGS & FORMS


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2. Does the tank have	<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"/> Inlet Side of Heater
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 plant delta T?	°F	

VALVE INFORMATION

1. What is the inlet steam pressure to the valve?	PSI		
2. What is the inlet temp of Boiler Water?	°F		
3. Has the boiler water flow been balanced between the units?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4. Type of valve:	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Self- Contained	<input type="checkbox"/> Electric
	<input type="checkbox"/> Other (specify model/ manufacturer)		



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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				

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)			
<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:		
4. Please outline any exceptions that have granted by a DHT Engineer for this installation if necessary.			
Other Notes:			

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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).