

# Cullen

## MECHANICAL

<b>Factory Startup Request</b>	Cullen Mechanical, Inc. P.O. Box 760946 Melrose, MA 02176
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To:	Of:
E-mail:	From:
Sheet 1 Of 1	Date:

### REQUEST FOR STARTUP SERVICE

(To be Completed by Contractor or Requestor)

Serial Number: \_\_\_\_\_ Model Number: \_\_\_\_\_ Qty: \_\_\_\_\_

Jobsite Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contractor: \_\_\_\_\_ Tel. \_\_\_\_\_

Contractor Billing Address: \_\_\_\_\_

Startup Date Requested: \_\_\_\_\_

*\*\*\*The initial startup date will be determined by Cullen Mechanical, Inc. in consideration to the date request, technician availability and geographical conditions. This date will be confirmed by Cullen Mechanical service department up to 48 hours before arriving on the jobsite.*

TO ENSURE THE INSTALLATION IS COMPLETE AND READY FOR STARTUP SERVICE  
PLEASE REVIEW AND CHECK THE FOLLOWING CONDITIONAL REQUIREMENTS:

- \_\_\_ 1. Power to Unit \_\_\_ 2. Controls/Safety Limits \_\_\_ 3. Breeching \_\_\_ 4. Burner Installed  
\_\_\_ 5. Fresh air Supply \_\_\_ 6. Heating Load Connected \_\_\_ 7. \*Gas/Oil \*see below

*\*Gas firing: testing on the gas line and venting must be conducted and approved by the regulatory agency (town/city, local gas company) gas meter.*

WE HERBY ACKNOWLEDGE THE ABOVE REQUIRMENTS PRIOR TO STARTUP AND  
ACCEPT AND HEREIN AUTHORIZE ANY ADDITIONAL EXPENSES, INCLUDIG ADDITIONAL  
SITE VISITS, INCURRED SHOULD THE EQUIPMENT NOT BE FOUND COMPLETE AND  
READY FOR STARTUP, AT THE DETERMINATION OF THE ISOLITE FIELD TECHNICIAN.

Singed: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_