



# SUPERTHERM INSTALLATION FORM

Please complete **ONE (1)** form for each **SITE** at which **DHT SUPERTHERM** 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](mailto: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 #: \_\_\_\_\_  
 DHT Sales Rep: \_\_\_\_\_ Email: \_\_\_\_\_

### EQUIPMENT CLASSIFICATION

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

<input type="checkbox"/> VTSI (TANK) SERIES- Steam	<input type="checkbox"/> VTSIW (TANK) SERIES- WATER	<input type="checkbox"/> VSI (VERTICAL) SERIES- STEAM	<input type="checkbox"/> VSI (VERTICAL) SERIES- WATER
<input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall	<input type="checkbox"/> Single Wall	<input type="checkbox"/> Double Wall
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### GENERAL INSTALLATION

1. Does the installation meet DHT recommended clearances?  YES  NO
2. Does condensate gravity drain?  YES  NO
3. Is there any lift in the condensate piping?  YES  NO
4. Does condensate drain to a receiver?  YES  NO
5. Is the relief valve piped to drain or within 12" of floor?  YES  NO
6. Is the unit's drain piped to the floor or a drain?  YES  NO
7. Is a recirculation system used to maintain system water temperature?  YES  NO
8. If yes, what is the recirculation pump capacity in GPM? \_\_\_\_\_ GPM
9. Is heat trace used to maintain system water temperatures?  YES  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:  Stratified  Accumulator
2. Does the tank have  Baffle  Dispersion Tube
3. What is the storage tanks volume? \_\_\_\_\_ Gallons
4. What is the heater outlet temperature? \_\_\_\_\_ °F
5. Position of aquastat:  Upper 1/3  Middle 1/3  Lower 1/3  No aquastat
6. What is the aquastat temperature setting? \_\_\_\_\_ °F
7. Does the aquastat control the pump between the tank & heater?  YES  NO
8. Is a throttling valve installed between the pump and heater?  YES  NO
9. Is there a bypass loop around the pump?  YES  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?  YES  NO
2. Are isolation valves installed in the outlet piping?  YES  NO
3. Is a hose bib installed in the outlet piping?  YES  NO
4. Are check valves installed in the cold water inlet?  YES  NO
5. Are check valves installed in the recirculation line?  YES  NO
6. Building recirculation is piped to:  Inlet Side of Heater  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
  - a. Were the maximum/ minimum flow rates verified?  YES  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. Has the boiler water flow been balanced between the units?  YES  NO
3. Type of valve:  
 Pneumatic  Self- Contained  Electric  
 Other (specify model/ manufacturer) \_\_\_\_\_

## CONTROL BOX CONFIGURATION

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

Factory Settings	Factory Value	Field Value (Changes)
Primary Alarm On	160°F	
Primary Alarm Off	155°F	
Secondary Alarm On	170°F	
Secondary Alarm Off	165°F	
Setpoint	140°F	
Gain	4.5	
Integral	1	
Derivative	0.00	
Dead Band	0.00	

Factory Settings	Factory Value	Field Value (Changes)
Valve Open	50%	
Auto	NA	
Filter	1.00	
PID	Reverse	
Scale	32F-4mA 212F-20mA	
Pump	working	
Aqua Stat	180°F	

## SUMMARY

1. Are all the units installed in accordance with DHT guidelines & 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)

DHT Engineer: \_\_\_\_\_
  General Contractor: \_\_\_\_\_  
 Mechanical Contractor: \_\_\_\_\_
  Building Owner: \_\_\_\_\_  
 Design Engineer: \_\_\_\_\_
  Plumber: \_\_\_\_\_  
 Controls Engineer: \_\_\_\_\_
  Electrician: \_\_\_\_\_

2. Is there any conflicts between the Installation & the Engineer's Specification or Design Plans?

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)

DHT Engineer: \_\_\_\_\_
  General Contractor: \_\_\_\_\_  
 Mechanical Contractor: \_\_\_\_\_
  Building Owner: \_\_\_\_\_  
 Design Engineer: \_\_\_\_\_
  Plumber: \_\_\_\_\_  
 Controls Engineer: \_\_\_\_\_
  Electrician: \_\_\_\_\_

3. Are there any conflicts or physical restrictions that will prevent the water heater 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)

DHT Engineer: \_\_\_\_\_  General Contractor: \_\_\_\_\_

Mechanical Contractor: \_\_\_\_\_  Building Owner: \_\_\_\_\_

Design Engineer: \_\_\_\_\_  Plumber: \_\_\_\_\_

Controls Engineer: \_\_\_\_\_  Electrician: \_\_\_\_\_

4. Please outline any exceptions that have granted by a DHT Engineer for this installation if necessary.

**OTHER NOTES:**

**DHT INTERNAL APPROVAL**

DHT Engineer Sign-off: \_\_\_\_\_ Date: \_\_\_\_\_