



SUPERTHERM START-UP FORM

Please complete ONE (1) form for each UNIT at the site and return 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 #: _____
 DHT Sales Rep: _____ Email: _____
 Unit Serial #: _____

EQUIPMENT CLASSIFICATION

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

VTSI (TANK) SERIES- STEAM Single Wall Double Wall Model #: _____
 VTSIW (TANK) SERIES- WATER Single Wall Double Wall Model #: _____
 VSI (VERTICAL) SERIES- STEAM Single Wall Double Wall Model #: _____
 VSI (VERTICAL) SERIES- WATER Single Wall Double Wall Model #: _____

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	

ADDITIONAL NOTES:

DHT INTERNAL APPROVAL

DHT Engineer Sign-off: _____ Date: _____

DHT Notes: