



# SS SERIES INSTALLATION FORM

Please complete ONE (1) form for each SITE at which DHT SS 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 a Y-strainer installed before the control valve?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is there any lift in the condensate piping?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Does condensate drain to a receiver?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Is drip pan elbow installed to relief valve outlet and piped to drain per code as well as vent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is the unit's drain piped to the floor or a drain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. What is the actual feed water temperature?	°F	
9. What is the feed water system capacity in GPM?	GPM	
10. What is the feed water pressure?	PSI	
10. Is heat trace used to maintain system temperatures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. What is the clean steam pressure set point?	PSI	
12. What is the high limit pressure switch setting?	PSI	
13. For a multiple unit installation with HTHW, 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
Center Feed Manifolds	<input type="checkbox"/> Yes	<input type="checkbox"/> No

STEAM GENERATOR INSTALLATION		
1. Are isolation valves installed in the feed water 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. Record distance of building connections (ft) _____ & water feed _____ to the bank of unit (s).		
4. What are the maximum/ minimum design steam pressures through the unit?	MAX _____ PSI	MIN _____ PSI
4A. Were the maximum/ minimum steam pressures verified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. What is the design system pressure?	PSI	
6. What is the design feed water temperature?	°F	

(STEAM/BOILER WATER) CONTROL VALVE INFORMATION		
1. What is the inlet steam pressure to the control 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"/> Other (specify model/ manufacturer)	
<input type="checkbox"/> Electric		

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	15 PSI		Gain	20	
Control Valve Operation	Automatic		Integral	360	
High Pressure Alarm Deviation	+ Δ 10PSI		Derivative	0	
Low Pressure Alarm Deviation	- Δ 10PSI		Blowdown Duration	30 sec.	
Pressure Limit Switch	45 PSI		Blowdown Time Interval	8 hrs.	

**SUMMARY**

1. Are all the units installed in accordance with DHT guidelines & industry best practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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1a. If no, please describe the issues.	
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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
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2a. If no, please describe the issues.	
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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
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3a. If no, please describe the issues.	
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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:**

**DHT INTERNAL APPROVAL**

DHT Engineering Sign-off:	Date:
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Notes: