



SP SERIES START-UP FORM

Please complete ONE (1) form for each SITE at which DHT SP 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 #:

TEMPERATURE CALIBRATION

Consult SUPERPLATE OM for temperature calibration procedure.

1. What is the water heater setpoint?	_____ °F
2. What is the integral setting?	_____ °F
3. What is the gain setting?	_____ °F
4. What is the valve maximum percentage	_____ %
5. If used, what is the aquastat setting? (Typically set 20 °F above unit setpoint)	_____ °F

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				

Additional Notes:***DHT INTERNAL APPROVAL***

DHT Engineer Sign-off:

Date:

DHT Notes: