



Advance Stores Company, Inc.
Design & Construction Department
Sherry Thompson
5008 Airport Road, NW
Roanoke, Virginia 24012
Direct 540-561-3423
Fax 540-561-3430

MEMORANDUM

To: _____

From: **Advance Auto Parts – Construction Department
Sherry Thompson**

Re: **HVAC Startup & Certification Procedures**

Date: _____

1. The Advance Auto Parts Construction Project Manager - _____ will provide you the Developer/Contractor with three (3) copies of the RTU Startup Report to be filled out one for each unit and returned to the below contact information.
2. The contractor's HVAC sub-contractor shall complete each form in its entirety. During initial startup, the contractor shall record actual nameplate data, along with actual unit operational data. One (1) RTU report shall be completed for each unit.
3. The sub-contractor which installed the HVAC units should obtain a report from an "**Independent**" Test and Balance Company that is either a member of the Associated Air Balance Council or the National Environmental Balancing Bureau Certifying that the HVAC is in conformity with the manufacturer's performance standards.

ALL REPORTS SHALL BE SUBMITTED TO:

Email: _____ CPM

Email: _____ CPC

Email: _____ CM

Fax Number: 540-561-3430

Mail Original Copies to:

Advance Auto Parts - 5008 Airport Road NW – Roanoke, VA 24012



Design and Construction Departments
 Advance Stores Company, Incorporated
 5008 Airport Road, NW
 Roanoke, VA 24012
 P. O. Box 2710
 Roanoke, VA 24001
 Direct 540-561-3423
 Fax 540-561-3430

**ADVANCE AUTO PARTS
 RTU START-UP REPORT**

Location: _____ Effective Date: _____

Unit No. _____ from plans)	Name Plate Data
Type System _____	Evap/Indoor Fan _____ HP _____ AMPS
Unit Model No. _____	Cond/Outdoor Fan _____ HP _____ AMPS
Comp #1 Serial # _____	Compressor _____ AMPS (FLA)
Comp #2 Serial # _____	Outdoor Fan Running AMPS _____
Indoor Fan Running AMPS _____	Belt Tension Chk & Adjust _____

Outdoor _____ deg. Fahrenheit DB
 Indoor _____ deg. Fahrenheit DB _____ deg. Fahrenheit WB

COOLING

Discharge Pressure
 Compressor #1 _____ PSIG Compressor #2 _____ PSIG

Suction Pressure
 Compressor #1 _____ PSIG Compressor #2 _____ PSIG

Condenser Coil
 *Entering Air _____ deg. Fahrenheit DB
 *Leaving Air _____ deg. Fahrenheit DB

Evaporator Coil
 *Entering Air _____ deg. Fahrenheit DB (Measure Mixed Air Temperature)
 *Leaving Air _____ deg. Fahrenheit DB (Immediately Upstream of Coil)

Leaving Air _____ deg. Fahrenheit DB
 O.A. Damper _____ %

NOTE: *COMPRESSOR NEEDS TO BE ON HEATING

Verify LP conversion made, if required ()
 Heat exchanger checked, no problems () First Stage () Second Stage
 *Entering Air _____ deg. Fahrenheit DB (Measure mixed air temperature entering
 Evap/indoor coil)

*Leaving Air _____ deg. Fahrenheit DB

NOTE: *HEAT NEEDS TO BE ON

MECHANICAL CONTRACTOR'S START-UP TECHNICIAN: _____
 (Required Prior to Submittal) DATE: _____