



## Start-up Request Form - Oven

**IMPORTANT:** Please fill out this form completely and submit to your TPI Sales Representative. Once we have received your completed form, our technical service department will call to schedule your start-up. Allow 14 days to schedule your start-up.

**Start-up can only be scheduled after the receipt of this signed document (100% completed).** If our technician arrives at your facility for your initial start-up and incorrect information has been received and start-up cannot be performed, the customer is responsible for any fees and costs for a second attempt for start-up.

Signed: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### **General Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Cellular Phone: ( ) \_\_\_\_\_

Contact Person Responsible for Equipment Operations: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Equipment Description: \_\_\_\_\_  
\_\_\_\_\_

"As Built" Voltage: \_\_\_\_\_





**Gas**

- **For warranty coverage, gas supply must be connected by a licensed mechanical contractor or gas utility company certified for gas service installation.**

Contractor Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Other: (     ) \_\_\_\_\_

**Burner Confirmation**

Model #: \_\_\_\_\_ Serial #: \_\_\_\_\_

Type of Fuel: \_\_\_\_\_

Size of supply line: \_\_\_\_\_ Length of run: \_\_\_\_\_

Supply pressure (measured at first port on our gas train inlet): \_\_\_\_\_

Exhaust stack size: \_\_\_\_\_ Length of run: \_\_\_\_\_

- ***Exhaust stack must be 8" diameter minimum***

Has 110 voltages been pulled into main control panel?	YES	NO
Is 110 pulled from main control panel to burner control panel (1A-2A)?	YES	NO
Are airflow switches mounted and wired?	YES	NO
Is high limit switch mounted and wired?	YES	NO
Is temperature probe install and wired?	YES	NO
Is door sweep installed?	YES	NO

*I have read and filled this document to the best of my knowledge.*

*I am ready and requesting to schedule a Start-Up date with TPI Corporation.*

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Start-Up can only be scheduled after the receipt of this signed document (100% completed).  
It will be 14 days from receipt of this form.***