START-UP CHECKLIST

Customer ______________________________________ Location _______________________________ Date _________________
Service Personnel ________________________ File Number _______________ Customer ID Number _________________________
Fan Type _______________ Arrangement _____ Size ______ Class/Series ____________ Fan RPM ________ Motor RPM ________

**Installation Information** – Foundation type ___________________________ Grouting? Y/N _____ Isolation? Y/N ______
Isolation type ___________________________ Isolation height set properly? Y/N _____ Flex connectors? Y/N _____ Missing mounting bolts? Y/N ______
Photos of installation? Y/N _____ Comments ____________________________________________________________

**Fan Housing/Pedestal Inspection** – Cracked/missing welds? Y/N _____ Nuts/bolts torqued? Y/N _____ Air leaks? ______
Gasketing installed? Y/N _____ Photos of fan? Y/N _____ Comments __________________________________________________

**Bearings** – Manufacturer ___________________________ Type ___________ Size _______ Type/name of lubrication _______________
Brg Condition ___________ Proper lube level? Y/N _____ Photos of lube level (split spher only)? Y/N _____ Set screws tight? Y/N ______
Bearings aligned? Y/N _____ Clearance setting (split Spherical roller only) – drive _____ non-drive _____ Any shaft fretting? Y/N _____
Comments _____________________________________________________________

**Wheel Inspection** – Spins freely? Y/N _____ Set screws tight? Y/N _____ Any visible wear/deformation? Y/N _____ Wheel to cone
dimension ______ Wheel retainer? Y/N _____ Retainer type ___________________ Comments _______________________________

**Belts/Sheave Inspection** – Constant/adj. drive? _______ Secured to shaft? Y/N _____ Belt tension? _____ Deflection? ______
Aligned? Y/N _____ Belts worn or damaged? Y/N _____ Comments __________________________________________________________

**Couplings** – Manufacturer ___________________________ Type/size ___________________ Coupling gap ______
Alignment - top/bottom angular _______ offset _______ side/side angular _______ offset _______ Proper lubrication level? Y/N _____
Photo of gap/lubrication? Y/N _____ Alignment confirmation? Y/N _____ Comments ______________________________________________________

**Motor Information** – Manufacturer ______________________ ID number _______________ Frame size _______ RPM ________
Horsepower _______ Type _______ Volts/ Amps _______ Comments ______________________________________________________

**Vibration Levels (IN/SEC peak)**
If rigidly mounted, start up vibration readings are to be 0.25 in/sec or below
If flexibly mounted, start up vibration readings are to be 0.35 in/sec or below

Initial Hor Vert Axial (if applicable) Final Hor Vert Axial (if applicable)
Wheel End _____ _____ _____ Wheel end _____ _____ _____
Sheave End _____ _____ _____ Sheave end _____ _____ _____

Member of AMCA—The Air Movement and Control Association
Weight required to balance wheel __________ Final vibration spectrums obtained, saved, and printed? Y/N ______
Comments ____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________