



START-UP CHECKLIST

Rev: 2021-04-05 CEA

Project Name: _____
 SIMFLO Representative: _____
 Contractor: _____
 Project Engineer: _____

Project Location: _____
 Representative Phone Number: _____
 Contractor Phone Number: _____
 Project Engineer Phone Number: _____

EQUIPMENT INFORMATION

Pump Manufacturer: SIMFLO Model: _____ Serial Number: _____
 Driver Manufacturer: _____ Model: _____ Serial Number: _____
 Driver Accessory Mfg.: _____ Model: _____ Serial Number: _____

DESIGN CONDITIONS

Flow: _____ TDH: _____ RPM: _____ HP: _____ Voltage/Ph./Freq.: _____

START-UP PROCEDURE LIST

Prior to Startup

Pre-start-up procedures prescribed in O&M all completed?
 Motor Rotation verified as: CW CCW (circle one)
 Motor/Cable meg checked

Yes	No	N/A	Initials	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Impeller Setting

Was Impeller Lateral set as prescribed in the O&M manual?
 Lateral adjustment was set at: _____ inches

Yes	No	N/A	Initials	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lubrication

Was lubrication applied (and set) for the pump as required?
 Was lubrication applied (and set) for the driver as required?

Yes	No	N/A	Initials	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

System

Was discharge flow established?
 If measured, record here: _____ GPM
 Was discharge pressure measured?
 If so, record here: _____ psi or TDH
 Amps measurements
 Volts measurements
 Is excessive vibration present?
 Are bearing temperatures excessive?

Yes	No	N/A	Initials	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L1=____, L2=____, L3=____.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	L1-L2=____, L2-L3=____, L1-L3=____.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sealing Method

Circle One: Mech. Seal Packing Gland Other (____)
 Seal Manufacturer and Model: _____
 Was sealing method adjusted according to O&M or
 Mech. Seal manufacturer manual?

Yes	No	N/A	Initials	Comments
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VERIFICATION / SIGN-OFF

Customer's Rep. Witnessing Start-up:

Name: _____ Firm: _____
 Sig.: _____ Date: _____

SIMFLO Authorized Rep. Conducting Start-up:

Name: _____ Firm: _____
 Sig.: _____ Date: _____

Per HI Standard 40.6, field measurements are used for general performance verification only and are not accurate enough to verify factory performance testing.

Continued Operation and Maintenance of equipment described above is entirely the responsibility of the Equipment Owner.

Complete and return this document to SIMFLO for warranty and product support.