AccuSteam® Gas Griddle Start Up Checklist

Location Name:		Date:	
Street Address:		Service Company:	
City:		Street Address:	
State/ Zip Code:		State/ Zip Code:	
Building Name/#:		Service Phone #:	
Contact Name:		Technicians Name:	
Phone:		Technicians Email:	
Email:		Additional Info:	

- For proper installation, please refer to the installation and owner's manual, which includes step-by-step instructions and a start-up checklist.
- AccuTemp Products Inc. is not responsible for the installation process, and we do not recommend modifications to the electrical supply. Any in-field modifications made without written authorization from AccuTemp Products, Inc. will void all warranties.
- It is recommended that the wall receptacle be placed as low as state and local codes allow. Placing the receptacle in high heat zones, such as directly above, below, or beside the exhaust flue, may cause service issues not covered by the product warranty.
- If your installation site is at an altitude greater than 4,000 feet above sea level, please contact the AccuTemp Technical Services Department to confirm the appropriate orifice size for the main burners.
- An external regulator should only be used if the supply gas pressure exceeds 0.5 psig / 14" WC.

This checklist must be completed accurately and in full. To activate warranty, please submit this form to AccuTemp Warranty Department @ warranty@accutemp.net.

SERIAL NUMBER:	**MODEL NUMBER:**

	YES	NO
1. Is the wall receptacle/junction box placed in a low heat zone? (Circle Y/N)	Y	N
2. When measured across the fuses, is the voltage 120V (+/- 10%) (Circle Y/N)	Y	N
3. Is the griddle being installed at an altitude greater than 4,000 feet (Circle Y/N)	Y	N
4. Is this griddle installed using the legs or stand provided? (flush mounting will void warranty) (Circle Y/N)	Y	N
5. Is the griddle level? (Circle Y/N)	Y	N
6. Is there sufficient spacing to ensure maximum airflow for proper combustion (Circle Y/N)	Y	N
7. If the griddle has legs, have the (4) rubber foot tips been installed (Circle Y/N)	Y	N
8. Is the griddle hard connected to the gas supply line? (Circle Y/N)	Y	N
9. If the griddle is connected with a 3/4" flexible commercial grade gas hose? (Circle Y/N)	Y	N
10. If yes, is a restraining device used? (Circle Y/N)	Y	N

AccuSteam® Gas Griddle Start Up Checklist

11. Is the supply gas pressure above 0.5 psig/14"wc? (Circle Y/N) *Note – Griddle is manufactured with an internal gas regulator, if pressure is below 14"wc do not install an external regulator.*	Y	N
12. If the supply gas pressure is above 14"wc is an external gas regulator connected to griddle (Circle Y/N)	Y	N
13. Checked all internal gas fittings are secure, as some may have loosened during shipping. (Circle Y/N)	Y	N
14. What is the Length and Width of the Gas Supply Line? L_____ W_____		
15. Gas Pressure measurements Natural Gas: Supply_____WC Manifold_____WC **Manifold pressure should be 5"WC** (Regulator valve pressure tap - 1/8NPT) Propane: Supply_____WC Manifold_____WC **Manifold pressure should be 10"WC** (Regulator valve pressure tap -1/8NPT)		
16. What is the measured flame sense on the unit when the main burners are lit? _____DCuA (microampere)		

Temperature Verification

1. What is the customer's normal operating temperature for the Griddle?	_____°F	
2. Using a **weighted contact temperature probe with digital thermometer**, does the surface temperature match the set temperature on the griddle controller? (Circle Y/N)	Y	N
3. Does the griddle heat light cycle ON/OFF once the surface temperature has met the set temperature? (Circle Y/N)	Y	N
4. Bring the griddle to the customer's preferred temperature and allow it to cycle twice. Take 9 temperatures across the surface of the unit in grid form and record (the temperatures should be consistent to ±10°F):		
5. Does the unit operate correctly for 15 minutes after unit has reached temperature? (Circle Y/N)	Y	N
6. Take photographs of install, including: Front of griddle, Side view of griddle, hook up and supply and submit them with the installation checklist to warranty@accutemp.net.		

LEFT	MIDDLE	RIGHT

I accept this checklist as complete and accurate:

Signed:_____ Restaurant Management

Print Name:_____

Date: _____/_____/_____

AccuTemp Products, Inc.
19119 John Adams Drive
New Haven IN 46774
Email: warranty@accutemp.net
Phone: 260.469.3040 or 800.480.0415
Fax: 260.493.8914