

# START-UP CHECKLIST FOR STAR/HOLMAN ULTRAMAX OVENS

## INSTRUCTIONS:

- ? Checklist are to be completed by the Technician of the Authorized Service Agent
- ? A separate checklist is to be used for each oven.
- ? The checklist must be filled in completely and correctly before credit will be issued.

1 Customer name \_\_\_\_\_ Customer address \_\_\_\_\_

2 Service Agency name \_\_\_\_\_ Technician name \_\_\_\_\_

3 Oven model number \_\_\_\_\_ S/N \_\_\_\_\_

4 Heating system: Gas Oven: NATURAL GAS PROPANE GAS OTHER \_\_\_\_\_  
Electric Oven: VOLTAGE \_\_\_\_\_ PHASE \_\_\_\_\_ Kw RATING \_\_\_\_\_

5 How many STAR/HOLMAN ovens are at this location? 1 2 3 (**circle one**)

6 This checklist is for the TOP MIDDLE BOTTOM oven (**circle one**)

7 Has the oven been operated prior to START-UP? Yes No

8 Are the ovens stacked or on stands in accordance with the Installation and Operating Instructions. If not, explain \_\_\_\_\_

9 Is the restraining device installed? If not, explain \_\_\_\_\_

10 Has the customer supplied a full-flow, manual gas shut off valve for each oven? If not, explain \_\_\_\_\_

11 Electrical connections:

? Are the in-coming electric wires properly sized?	Yes	No
? Is the oven properly grounded?	Yes	No
? Does each oven have its own separate electrical service?	Yes	No
? Does each gas oven have its own neutral running back to the electrical service?	Yes	No
? If no to any of the above, explain: _____		

12 With the units off check and record in-coming voltages:

For Gas: L1-N \_\_\_\_\_ VAC

For Electric: L1-N \_\_\_\_\_ VAC L1-L2 \_\_\_\_\_ VAC  
L2-N \_\_\_\_\_ VAC L2-L3 \_\_\_\_\_ VAC  
L3-N \_\_\_\_\_ VAC L1-L3 \_\_\_\_\_ VAC electric ovens come in 3 PH or 1PH

13 Electric ovens only. With the unit on, check and record in-coming voltages and amp draw:

L1-N \_\_\_\_\_ VAC L1-L2 \_\_\_\_\_ VAC L1 \_\_\_\_\_ AMPS  
L2-N \_\_\_\_\_ VAC L2-L3 \_\_\_\_\_ VAC L2 \_\_\_\_\_ AMPS  
L3-N \_\_\_\_\_ VAC L1-L3 \_\_\_\_\_ VAC L3 \_\_\_\_\_ AMPS electric ovens come in 3 PH or 1PH

14 What is the incoming line gas pressure at each oven with the ovens OFF: \_\_\_\_\_ WC/MB/MM

15 What is the incoming line gas pressure at each oven with the ovens ON: \_\_\_\_\_ WC/MB/MM

16 Set the manifold pressure according to the Installation /Operating manual. Record here: \_\_\_\_\_ WC/MB/MM

17 Set conveyor belt speed to 6:00 minutes and measure the actual time leading edge in, leading edge out. Record time: \_\_\_\_\_

18 Were there any gas leaks? Yes No

19 Perform smoke candle test. (**circle one**) No hood 0% 20% 40% 60% 80% 100%

20 Turn off the oven. Record the cool down time from turning off the power switch until the blower shuts down.  
Time: \_\_\_\_\_. What was the final temperature reading? \_\_\_\_\_

21 Any parts missing? \_\_\_\_\_

*All information provided on this form is accurate. I understand that Star Manufacturing will not honor any warranty claims unless this form is completed. This form can be faxed to 1-800-396-2677. I also understand the Hood performance and gas line size and pressure are not the responsibility of Star Manufacturing.*

Service Agent Signature and Date

Store Manager Signature and Date

**Copies:** white/original to STAR, Yellow to Customer/End-User, Pink to Technician's file

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