

Royal Range Fryer Filter System Startup/ Performance Check List

Account Name: _____

Date: _____

Address: _____

Model #: _____

City, St, Zip _____

Serial #: _____

Items to be performed		Yes	No
1	Unit installed and energy connected? Gas, Electric	<input type="checkbox"/>	<input type="checkbox"/>
2	All connection secured? Gas, Electric, Water, Drain	<input type="checkbox"/>	<input type="checkbox"/>
3	Is unit level, front to back, left to right?	<input type="checkbox"/>	<input type="checkbox"/>
4	Verify gas type matches rating plate? Gas Type?	<input type="checkbox"/>	<input type="checkbox"/>
		Nat	LP
5	Gas line size?	<input type="checkbox"/>	<input type="checkbox"/>
6	Verify all switch's and controls are functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
7	Check gas pressure at manifold and note. Pressure _____ inch / WC	<input type="checkbox"/>	<input type="checkbox"/>
8	Test fryer temperature. Set to 350, (if fryers have oil.)	<input type="checkbox"/>	<input type="checkbox"/>
9	Test drain levers, wash hose and suction line.	<input type="checkbox"/>	<input type="checkbox"/>
10	Ensure vat return and/or wash hose are operational	<input type="checkbox"/>	<input type="checkbox"/>
11	Ensure all filter parts are present and assembled correctly	<input type="checkbox"/>	<input type="checkbox"/>
12	Ensure filter pump is operational	<input type="checkbox"/>	<input type="checkbox"/>
13	Filter Type: Hose return (H), Tank return (T), Both (B)	<input type="checkbox"/>	<input type="checkbox"/>
14	Filter Media Type: Paper (P) or Stainless Steel Screen (S)	<input type="checkbox"/>	<input type="checkbox"/>
15	Verify unit is under hood.	<input type="checkbox"/>	<input type="checkbox"/>
16	Owner/ Operator has understanding of pilot location and lighting instructions?	<input type="checkbox"/>	<input type="checkbox"/>
17	Owner/ Operator has knowledge of preheat and operational techniques?	<input type="checkbox"/>	<input type="checkbox"/>
18	Owner/ Operator has knowledge cleaning and maintenance per operations manual?	<input type="checkbox"/>	<input type="checkbox"/>
19	Was calibration Needed? (Check with factory on calibration instructions befor calibrating).	<input type="checkbox"/>	<input type="checkbox"/>

General Comments

If No, was checked on any items please explain below and inform operator for corrective action.

Startup completed on:

Date _____

Equipment (has) or (has not) proven able to operate in a safe and proper manner. (circle one)

Performed by:

Name: _____

Signature: _____

Service agent: name, signature

Date: _____

Owner/ Store Manager: I am in agreement with the statements and finding (above) of the authorized service agency and attest to the same by signing here:

Accepted by:

Name, Signature