

Royal Range of California, Inc. 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? (on units with griddles, back should be slightly higher)	<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	Is proper regulator installed correctly on unit? (Note: Fryers have internal regulators)	<input type="checkbox"/>	<input type="checkbox"/>
8	Verify electrical matches rating plate: volt, amps, ph.? Type _____ (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
9	Check gas pressure at manifold and note. Pressure _____ inch / WC (turn on one gas valves, note pressure and adjust to rating plate)	<input type="checkbox"/>	<input type="checkbox"/>
10	Test oven temperature. Set to 350, (let stabilize 30 Min).	<input type="checkbox"/>	<input type="checkbox"/>
11	For griddles, Set 350, let stabilize (30 min) use surface thermometer to check temperature. Check by-pass flame and adjust, if needed. (Check with factory on calibration instructions before calibrating).	<input type="checkbox"/>	<input type="checkbox"/>
12	Verify unit is under hood.	<input type="checkbox"/>	<input type="checkbox"/>
13	Owner/ Operator has understanding of pilot location and lighting instructions?	<input type="checkbox"/>	<input type="checkbox"/>
14	Owner/ Operator has knowledge of preheat and operational techniques?	<input type="checkbox"/>	<input type="checkbox"/>
15	Owner/ Operator has knowledge cleaning and maintenance per operations manual?	<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.

Performed by:

Name: _____

Signature: _____

Service agent: name, signature

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

Date: _____