



Start-Up

SU# _____

Company: _____ Address _____ CF#: _____

Contact Name 1: _____ Contact Name 2: _____ PO#: _____

Title: _____ Title: _____ SO#: _____

Phone: _____ Phone: _____

Mobile: _____ Mobile: _____ Start-Up Require Date/Time: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Memo: _____ Memo: _____

NOTE: Please fill in all information, so we can check our product for good start-up.
INSTRUCTIONS: Fill out the required fields on the Start-up Form. Send to InnoTiq via email or fax. InnoTiq will assign an CF# and send the completed form back to you. SU number you can find it from Order files.

PRODUCT CONFIGURATION DESCRIPTION

PRE-START-UP INSPECTION

No.	Item	Description	Engineer Comments
1	Appearance		
2	Accessories		
3	Files		
4	Power Ready		
5	Water Ready		
6	Gas Ready		
7	SN		
8			

OTHER COMMENTS
