



SPECIFICATION SHEET DDC CHECK LIST

CARNES COMPANY, 448 S. Main St., P. O. Box 930040, Verona, WI 53593-0040 Phone: 608/845-6411 Fax: 608/845-6504 carnes@carnes.com http://www.carnes.com

IMPORTANT INFORMATION ON DDC CONTROLS

- The DDC branch office is responsible for providing mounting and wiring instructions.
- Controls contractor must obtain a no-charge P.O. number from Carnes. (Contact Jim Berish.) **CONTROLS WILL NOT BE ACCEPTED WITHOUT ONE.**
- An estimated ship date for the controls **MUST** be given.
- DDC checklist must be completed before order can be processed.
- Grounding wires and component safety devices (such as varistors) to be field mounted.
- DDC control samples may be required by Carnes Engineering Department. If control samples are not provided, responsibility for mounting and wiring control is by others.
- This form must be filled out completely or it may be subject to rejection.

Carnes Sales Office: _____ Date: _____ Terminal Unit Type: _____

Carnes Salesperson: _____ Job Name: _____

A. DDC MANUFACTURER (Check One)

- | | |
|--|---|
| <input type="checkbox"/> Alerton | <input type="checkbox"/> Invensys |
| <input type="checkbox"/> Andover | <input type="checkbox"/> Johnson Controls |
| <input type="checkbox"/> Automatic Logic | <input type="checkbox"/> Siemens |
| <input type="checkbox"/> Honeywell | |
| <input type="checkbox"/> Other: _____ | |

B. CONTROLLER MODEL

- _____ QTY. _____
- _____ QTY. _____

C. ACTUATOR MODEL (Carnes has 3/8" Damper Shaft. Check One.)

- Integral to controller
- Damper Actuator Provided by Controls Contractor (90° Rotation Required)

List MFG. and Model: _____ QTY. _____

- 3/8" SHAFT ADAPTER (If Required) BY CONTROL CONTACTOR** QTY. _____

D. ROTATION

- Clockwise to **close**
- Counterclockwise to **close**

E. POWER TRANSFORMER (Check One)

- 40 VA Transformer by Carnes (Must coordinate with the Carnes Sales Rep.).
- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 120v/24v | <input type="checkbox"/> 277v/24v | <input type="checkbox"/> Other _____ v/24v. |
|-----------------------------------|-----------------------------------|---|
- Transformer by Controls Contractor, mounted and wired by Carnes.
- | | | |
|-----------------------------------|-----------------------------------|---|
| <input type="checkbox"/> 120v/24v | <input type="checkbox"/> 277v/24v | <input type="checkbox"/> Other _____ v/24v. |
|-----------------------------------|-----------------------------------|---|

List MFG. and Model: _____ QTY. _____

- Transformer to be field supplied and mounted.

F. OTHER CONTROL COMPONENTS (List)

- _____
- _____

* Additional charges may apply for mounting other control components.

G. SHIPPING

Controls Ship Date (Must be filled in): _____

Indicate No Charge P.O.#: _____

Indicate Carnes Order #: _____

DDC Branch Contact: _____

Telephone Number: (_____) _____ - _____

Fax Number: (_____) _____ - _____

Ship **ONLY** the controls that Carnes will be mounting. Carnes number and no charge P.O.# **must** be marked on packaging.

SHIP TO: CARNES COMPANY
Attn: VAV Dept.
448 S. Main Street
Verona, WI 53593