

PRELIMINARY START UP CHECKLIST

This form MUST be completed in order to schedule the START UP.

To have the system start up scheduled, fill in all information below and submit it through the web site. Upon receipt of this form the contact listed below will be contacted for scheduling. **The start up covers one visit to the site Monday - Friday 8:00AM - 5:00PM with one hour set aside for operator training on the same day.**

1. Serial number of the system.
2. The system nameplate matches the site requirements? (Correct Input / Output Voltages, System VA rating) Y N
3. All system interconnections have been made? Y N
4. All line and load connections for the system have been landed? Y N
5. Will the loads be energized during start up? Y N
6. Will a generator back up the utility power supplying the system? Y N
7. If so, will a generator transfer test be performed during the commissioning of the system? Y N
8. Is user training required? If YES, personnel **must** be on site at time of start up. Y N
9. If there are any additional items we need to be aware of, please list them below.

END USER INFORMATION:

Contact Information - What is the full address, contact name and phone number at the site where the system is being in installed?

Company Name:

Address:

Address:

City:

State:

Zip:

Contact Name:

NOTE - THIS SHOULD BE THE PERSON RESPONSIBLE FOR FUTURE MAINTENANCE AND SERVICE OF THE SYSTEM.

Contact Phone #:

Contact Fax #:

Contact Email Address:

START UP CONTACT INFORMATION:

Name:

Title:

Phone #:

Fax #:

Email:

By filling in my name on this form, I _____ to the best of my knowledge have provided correct information for this start up and are aware that there will be additional charges if there is a second visit required due to no fault of the manufacturer.