

# FST PRELIMINARY STARTUP CHECKLIST

This form must be completed and returned at least two weeks prior to any required Startup date.

## IMPORTANT DOCUMENT - DO NOT DISCARD

**\*A STARTUP HAS BEEN PURCHASED WITH THIS SYSTEM!**

**This form MUST be completed in order to schedule the STARTUP.**

**There is also a downloadable form online at <https://www.controlledpwr.com/customer-support/service-plans/>**

To have the unit startup scheduled, fill in all information below and fax to **1-248-528-3172**. It can also be emailed to [service@controlledpwr.com](mailto:service@controlledpwr.com). Upon receipt of this form, the contact listed below will be called for scheduling. **The startup covers one visit to the site (Monday - Friday 8:00AM - 5:00PM) with one hour set aside for operator training on the same day. Allow for 2 weeks lead time for scheduling the appointment for startup. For pre-commissioning, the input power supply should be off until the technician approves it as the correct source voltage and verifies that it is hooked up correctly.**

1. Model Number of the system. \_\_\_\_\_
2. Serial number of the system. \_\_\_\_\_
3. The system nameplate matches the site requirements? (Correct I/O Voltages, System VA rating) Y \_\_\_ N \_\_\_
4. Are all batteries of the system installed? (If required) **(NOTE: DO NOT PLUG IN BATTERY CONNECTOR)** Y \_\_\_ N \_\_\_
5. Have the external battery cabinet terminals been connected to the system connections? (If required) N/A \_\_\_ Y \_\_\_ N \_\_\_
6. Have all the system interconnects been made? N/A \_\_\_ Y \_\_\_ N \_\_\_
7. All line and load connections for the system have been landed? N/A \_\_\_ Y \_\_\_ N \_\_\_
8. Will the loads be energized during commissioning? Y \_\_\_ N \_\_\_
9. Is there a neutral pulled and connected on the input connections of the system? N/A \_\_\_ Y \_\_\_ N \_\_\_
10. Is there a ground pulled and connected on the input connections of the system? N/A \_\_\_ Y \_\_\_ N \_\_\_
11. Is there a ground pulled and connected on battery? (If required) N/A \_\_\_ Y \_\_\_ N \_\_\_
12. Will a generator back up the utility power supplying the system? Y \_\_\_ N \_\_\_
13. If so, will a generator transfer test be performed during the commissioning of the system? N/A \_\_\_ Y \_\_\_ N \_\_\_
14. Is user training required? If YES, personnel **must** be on site at time of startup. Y \_\_\_ N \_\_\_
15. Are there site training, safety, security, or other issues required before access is granted? Y \_\_\_ N \_\_\_
16. If there are any additional items we need to be aware of, please list them below.

Also list PPE required for site entry, Hard Hat, Steel Toe, Glasses, Vest, Etc.

### NOTES

### **END USER INFORMATION: THIS SHOULD BE THE PERSON RESPONSIBLE FOR FUTURE MAINTENANCE AND SERVICE OF THE SYSTEM.**

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

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Contact Fax #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

### **STARTUP CONTACT INFORMATION:**

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

By signing this form, I \_\_\_\_\_ to the best of my knowledge have provided correct information for this startup and I'm aware that there will be additional charges if there is a second visit required due to no fault of the manufacturer.

**IMPORTANT DOCUMENT - DO NOT DISCARD**