

FST PRELIMINARY PHONE ASSISTED STARTUP CHECKLIST

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

IMPORTANT DOCUMENT - DO NOT DISCARD

***A PHONE ASSISTED STARTUP HAS BEEN PURCHASED WITH THIS SYSTEM!
This form MUST be completed in order to schedule the PHONE ASSISTED STARTUP.**

To have the Phone Assisted Startup scheduled, complete all fields below and e-mail to martin.scherer@trystar.com. Upon receipt of this form, the contact listed below will be called for scheduling. **The phone assisted startup covers unlimited phone assistance (Monday - Friday 8:00AM - 5:00PM). Allow for 2 weeks lead time for scheduling the appointment for the phone assisted startup. For pre-commissioning, the input power supply should be off until the phone assistant approves it as the correct source voltage and verifies that it is installed correctly.**

A QUALIFIED ELECTRICIAN / INSTALLER IS REQUIRED IN ATTENDANCE FOR THE PHONE ASSISTED STARTUP. A DIGITAL VOLTMETER AND CURRENT CLAMP ARE ALSO REQUIRED DURING THE PHONE ASSISTED STARTUP.

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? 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? N/A ___ Y___ N___
13. If so, will a generator transfer test be performed during the commissioning of the system? N/A ___ Y___ N___

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 visit required due to no fault of the manufacturer.