

# UPS & PC PRELIMINARY PHONE ASSISTED 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 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](mailto: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 or placed in by-pass 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 Input / Output Voltages, System VA rating)      Y \_\_\_ N \_\_\_
4. All system interconnections have been made?      Y \_\_\_ N \_\_\_
5. All line and load connections for the system have been landed?      Y \_\_\_ N \_\_\_
6. Will the loads be energized during startup?      Y \_\_\_ N \_\_\_
7. Will a generator back up the utility power supplying the system?      Y \_\_\_ N \_\_\_
8. If so, will a generator transfer test be performed during the commissioning of the system?      Y \_\_\_ N \_\_\_
9. If there are any additional items we need to be aware of, please list them below.

### 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.

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