

LIGHTING INVERTER 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.

To have the unit 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 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 or the unit placed in by-pass 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. During commissioning can load type percentages be changed to test and evaluation the system? Y___ N___
10. Has the proper phase rotation been verified? (3 Phase unit only) N/A ___ Y___ N___
11. Is there a neutral pulled and connected on the input connections of the system? (If required) N/A ___ Y___ N___
12. Is there a ground pulled and connected on the input connections of the system? N/A ___ Y___ N___
13. Is there a ground pulled and connected on battery? (If required) N/A ___ Y___ N___
14. Will a generator back up the utility power supplying the system? Y___ N___
15. If so, will a generator transfer test be performed during the commissioning of the system? N/A ___ Y___ N___
16. Is user training required? If YES, personnel **must** be on site at time of start up. Y___ N___
17. Are there site training, safety, security, or other issues required before access is granted? Y___ N___
18. 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.

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