

UPS & PC 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 placed in bypass until the technician approves it as the correct source voltage and verifies that it is hooked up correctly.**

1. Serial number of the system. _____
2. Model 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. Is user training required? If YES, personnel **must** be on site at time of Startup.
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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