

REQUEST FOR TURN-ON

24hr. Hotline: (323) 721-5018, Toll Free: (800) 797-7782, Fax: (323) 721-3929

To schedule a Turn-On, please **COMPLETELY FILL OUT** this form and submit them by fax or email to: service@800pwrsvrc.com

Serial No _____

(Serial number can be located either on the equipment or inside the cabinet. This information must be included in the form to proceed with Turn-On services.)

Equipment Location:

Contact Name: _____
 Company: _____
 Floor/Room #: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Cell #: _____ Email: _____

Contact for Turn-On:

Contact Name: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Cell #: _____ Email: _____

Unit Location Environment:

Is the room: Ventilated? Temperature Controlled? Expected Average Room Temperature: _____ °C _____ °F

Is the area free of dirt, dust and high humidity and will it continue to be kept clean during normal operation? Yes No

Clearance around unit: Front _____ Back _____ Left _____ Right _____

*** Please include photos of the install area, front of the cabinet opened and closed, A/C for this room including any vents leading out of the room enclosure and photos of conduits connected to the cabinet.**

***Please provide photos of room where the unit is installed together with this completed form.**

Unit Pre-Turn-On Checklist:

	Yes	No
1. After careful inspection, is there any indication of physical damage to the unit? If yes, contact customer service at (800) 797-7782 or email: service@800pwrsvrc.com before proceeding with the installation.	Yes	No
2. Are all wire conduit entries to the inverter cabinet done using knock-out provisions on the cabinet. If No, then please provide details with pictures on how these conduits were installed.	Yes	No
3. Is the unit's interior and exterior clean? (Free of dirt, debris, dust and moisture?)	Yes	No
4. Is the utility power connected to the input? Have the connections been adequately torqued?	Yes	No
5. Is the load connected to the unit's output terminal or auxiliaries circuit breakers and have all connections been adequately torqued?	Yes	No

Note: It is the installer's responsibility to torque all connections made during installation to the manufacturer's specifications listed in the installation diagram, technical manual and battery diagram.

All connections with specified torque values must be set accordingly. Failure to do so may cause premature system failure and will not be covered under warranty.

6. Has the input voltage been measured and verified to be within the rating specified on the unit's nameplate?	Yes	No	
7. 3-Phase Unit ONLY: Has the connection's phase rotation been verified to be CLOCKWISE (A-B-C) ?	Yes	No	N/A
8. Is there ATS/Generator feeding this unit?	Yes	No	
If yes, is the ATS set up with a 20-millisecond transition time in both directions?	Yes	No	

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Unit With Batteries

CAUTION: DO NOT INSTALL NON-MAINTAINED, OR UNDERCHARGED BATTERIES INTO THE UNIT, AS FUNCTIONAL FAILURES AND POSSIBLE ELECTRONIC FAILURE/DAMAGE MAY OCCUR. FAILURE TO FOLLOW THIS PRECAUTION WILL CAUSE THE BATTERY WARRANTY TO BE WAIVED.

Batteries must be Maintained:

If not installed within 90-days of their receipt, batteries must be charged, and load tested (using a battery tester) outside the unit/system prior to installation, to insure batteries can be installed without damaging the electronics. If the batteries are not maintained every 90 days, the battery manufacturer warranty is compromised. Battery Maintenance is required to protect the unit from any consequential damage (electronic damage due to damaged or undercharged/maintained batteries installed, is NOT covered under the manufacturer's warranty).

Batteries installed after 90 days:

I (_____) acknowledge that the batteries have not been installed in the unit serial number (_____) and the unit has not undergone Start-Up within 90 days of receiving the batteries. The batteries if installed after 90 days of receipt without being charged, may damage the units electronics and will not be covered under the manufacturer's warranty. Please have the batteries checked by a local battery distributor for battery health (Load Test and Open Voltage Test), to ensure proper operation & avoid damaging your system.

Signature: _____

Date: _____

CAUTION: DO NOT INSTALL OR USE DAMAGED BATTERY SINCE IT WOULD PRESENT A POTENTIAL SAFETY HAZARD.

The use of damaged batteries will cause a unit/system failure:

The use of damaged batteries will cause catastrophic failure including fire or explosion. The Battery Warranty does not cover the use of physically damaged batteries, nor any direct or consequential damage caused by their use.

The installer must thoroughly inspect the batteries for damage and assure that they have been charged/maintained every 90 days. The installer must sign below, to avoid any battery warranty waivers which may impact the unit.

Inspected/Installed by: _____

Date: _____

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9. How long have the batteries been at the site?	Less than 90 days More than 90 days	Quantity of Batteries Installed: _____ Please provide individual battery voltage readings.
10. Battery voltage rating: 12 Volts Other Voltages Does each battery measure 10.5 to 13.5 VDC?	Yes No	Yes No
11. Have all batteries been installed and wired in accordance with the battery wiring diagram provided with the unit and have all battery connections been adequately torqued? Damage resulting from improperly tightened battery connections will not be covered under warranty.		Yes No
12. Is the unit and ALL intended loads ready to be energized? CAUTION: BEFORE ADDING ANY OTHER LOAD AFTER START-UP, POWER SERVICES MUST BE CALLED FIRST!		Yes No
13. Is training required at time of turn-on? If yes, please provide a list of personnel to be trained. NOTE: Additional charged may be applied.		Yes No

Standard lead time for Turn-On is two weeks from the receipt of this completed, signed and dated form. Standard Turn-On is normally performed Monday through Friday from 8 AM to 5 PM. For expedited Turn-On or other hours, please contacted Power Services at (800) 797-7782, Fax (323) 721-3929 or email to service@800pwrsrc.com .	
Desired Turn-On Date: _____ Time: _____	Alternate Turn-On Date: _____ Time: _____

Acknowledgement of Terms and Conditions

I certify that I have completed inspection of this unit in accordance with the instructions provided by the equipment manufacturer and all applicable building and electrical code requirements.

I understand that additional charges will be incurred if a return trip must be scheduled due to lack of the necessary access to complete the Turn-On, equipment damage, defective or incomplete installation, load unavailability or the absence of site personnel to be trained in the operation and maintenance of this equipment.

Complete by (print): _____

Contractor Company: _____

Signature: _____

Date: _____