

Request for Turn-on

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

To schedule a Turn-on, please fill in the appropriate information and return by fax or Email to Info@800pwrsrv.com

Serial Number:			Model Number:		
EQUIPMENT LOCATION			CONTACT FOR TURN-ON		
Contact Name:			Contact Name:		
Company:			Company:		
Address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Phone:		Fax:	Phone:		Fax:
Mobile Phone:		E-mail:	Mobile Phone:		E-mail:

UNIT LOCATION ENVIRONMENT

Is the room: Ventilated <input type="checkbox"/> Temperature Controlled <input type="checkbox"/>	Expected Average Room Temperature: _____ °C _____ °F
Is the area free of dirt, dust and high humidity and will it continues to be clean during normal operation?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Clearance around unit: Front _____' _____" Back _____' _____" Left _____' _____" Right _____' _____"	

UNIT PRE-TURN-ON CHECKLIST

1. After careful inspection, is there any indication of physical damage to the unit? If yes, contact Customer Service at (800) 797-7782 or E-mail Info@800pwrsrv.com before proceeding with the installation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Is the unit's interior and exterior clean and free of dirt, debris, dust and moisture?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Is the utility power connected to the input have the connections been adequately torqued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Is the load connected to the unit's output terminal or auxiliaries circuit breakers and have all connections been adequately torqued?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Has the input voltage been measured and verified to be within the rating specified on the unit's nameplate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. If the unit has a 3-phase input, has the connection's phase rotation been verified to be CLOCKWISE (A-B-C)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

UNITS WITH BATTERIES

CAUTION:

Do not install or use any damaged battery since it would present a safety hazard.

If batteries are not installed within 90-days of their receipt, they must be tested and charged outside the system prior to installation.

CAUTION! The use of damaged batteries can cause a fire or explosion! The battery warranty does not cover physically damaged batteries or any direct or consequential damage that may be caused by their use.

The individual who installed these batteries and has signed below carefully inspected all of the batteries before and immediately following their installation and has verified that they were free of damage.

_____ / ____ / ____

Inspected and installed by _____ **Date** _____

Note: It is 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 where torque values are specified must be set accordingly. Failure to do so may cause premature system failure and will not be covered under warranty.

7. How long have the batteries been in storage?	Months: _____
8. Battery voltage rating: <input type="checkbox"/> 12 Volt <input type="checkbox"/> Other voltage _____ Does each battery measure 10.5 to 13.5 VDC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. 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 <input type="checkbox"/> No <input type="checkbox"/>
10. Is the unit and load ready to be energized?	Yes <input type="checkbox"/> No <input type="checkbox"/>

REQUEST FOR TURN-ON

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 A.M. to 5 P.M. For expedited turn-on or other hours, please contact Power Services at 1-(800) 797-7782, Fax (323) 721-3929 or E-mail Info@800pwrsrv.com.

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Desired Turn-on Date: ___/___/___ Time: ___:___	Alternate Turn-on Date: ___/___/___ Time: ___:___
ACKNOWLEDGEMENT OF TERMS AND CONDITIONS	
<p>I certify that I have completed inspection of this unit in accordance with the instructions provided by the equipment manufacture and all applicable building and electrical code requirements.</p> <p>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.</p>	
Completed by (print): _____	Contractor Company: _____
Signature: _____	Date: ___/___/___