

Request for Turn-On

Go to www.800pwrsrv.com or call 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 service@800pwrsrv.com

Serial No: _____	Model No : _____
Equipment Location	Contact for Turn-On
Contact Name _____	Contact Name _____
Company _____	Company _____
Floor/Room No. _____	Address _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Fax _____	Phone _____ Fax _____
Cell # _____ Email _____	Cell # _____ Email _____

Unit Location Environment

Is the room: <input type="checkbox"/> Ventilated <input type="checkbox"/> Temp.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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Clearance around unit: Front _____ Back _____ Left _____ Right _____	Please provide photos of room where unit is installed.

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 email service@800pwrsrv.com before proceeding with the installation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Is the unit's interior and exterior clean and free of dirt, debris, dust and moisture?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is the utility power connected to the input have the connections been adequately torqued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Is the load connected to the unit's output terminal or auxiliaries circuit breakers and have all connections been adequately torqued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Has the input voltage been measured and verified to be within the rating specified on the unit's nameplate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. If the unit has a 3-phase input, has the connection's phase rotation been verified to be CLOCKWISE (A-B-C) ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Is there ATS/Generator feeding this unit? If yes, is the ATS set up with a 20-milisecond transition time in both directions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Unit With Batteries

CAUTION	
If batteries are not installed within 90-days of their receipt, they must be tested and charged outside the system prior to installation.	
CAUTION: DO NOT INSTALL OR USE ANY DAMAGED BATTERY SINCE IT WOULD PRESENT A POTENTIAL SAFETY HAZARD.	
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 has carefully inspected all of the batteries before any immediately following their installation and has verified that they were free of damage.	
Inspected/installed by: _____	Date: _____

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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.

8. How long have the batteries been at the site?	<input type="checkbox"/> Less than 90 days <input type="checkbox"/> More than 90 days	Quantity of Batteries installed: _____ Please provide individual battery voltage readings.		
9. Battery voltage rating:	<input type="checkbox"/> 12 Volts <input type="checkbox"/> Other Voltages	Does each battery measure 10.5 to 13.5 VDC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. 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.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. Is the unit and ALL intended loads ready to be energized? <b style="color: red;">CAUTION: BEFORE ADDING ANY OTHER LOAD AFTER START-UP, POWER SERVICES MUST BE CALLED FIRST!			<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. Is training required at time of turn-on? If yes, please provide a list of personal to be trained. NOTE: Additional charges may be applied.			<input type="checkbox"/> Yes	<input type="checkbox"/> 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 contact Power Services at (800) 797-7782, Fax (323) 721-29--3929 or email to service@800pwrsrv.com .							
Desired Turn-on	Date	<input style="width: 80%;" type="text"/>	Time: _____	Alternate Turn-on	Date	<input style="width: 80%;" type="text"/>	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.

Completed by (print): _____

Signature:

Contractor Company: _____

Date: