

Start - up - checklist

Dear Customer!

The purpose of this check list is to proactively ensure that once the unit is being commissioned does not encounter any problems. Please return the completed list three weeks before your requested commissioning date. We only need the list when you can provide an answer to items 1-12. Do this by simply putting a check mark at the "yes" or "no" answer.

Please note that we will not be able to finalize the commissioning of your UPS system before we have received the completed check list. If there are any unclear points, please get in touch with our Service Team by Email: inbetriebnahme@eaton.com

We are available to commission your UPS on Monday through Friday between 8.00am and 4.00pm. If a special appointment is necessary, this would necessitate an additional charge. Please see the user manual that came with the UPS for distances, ambient temperature, etc.

Please reply to the questions below. Your cooperation is appreciated.

Yes / No

1. Is the UPS and the battery-cabinet located at final position and accessible?
2. There are special security requirements? Are needed tool to provide the customer.
3. Is also battery-cabinet located at final position?
4. All power wires and signal cables are connected between UPS and battery-cabinet?
5. Will an in-house electrician be available on the start-up date?
6. Is supply to Rectifier installed with _____ and fitted with _____ fuses?
7. Is supply to Bypass installed with _____ and fitted with _____ fuses?
8. Or between both inputs (Rectifier and Bypass) a cable bridge installed?
9. Has the supply line to the load been installed with _____ ?
10. Have you checked that the 3-phase supply lines have a clockwise rotary field?
11. You are sure all wires are fixed and tight at right terminal block?
12. Is it possible to switch OFF the load at the day of commissioning?
13. Any comments:

Eaton UPS Series		Serial No. of UPS:	
Requested commissioning date:		Company name:	
Alternative date:		Contact (Client):	
Time:		Street:	
Contact person:		ZIP/City:	
Phone No.:		Phone Electrician:	
Date:		Signature:	