

DSPM INVERTER SYSTEMS INSTALLATION CHECKLIST

The following information must be supplied to ensure that the system is ready to be energized.

Job Name: _____

Address: _____

Contact Name: _____

Phone Number: _____

*Sales Order # (SO#)**Last 4 of S#(L4S#) _____

*SO# is on the third line of the System Label located on the Right side of the unit and/or inside of door.

**L4S# is on the second line of the System Label (Above the Energy icon).

SO# and L4S# must be supplied before Startup can be scheduled.

| Check List | Yes |
|--|--------------------------|
| Electronics and battery cabinets are permanently installed according to NEC guidelines. | <input type="checkbox"/> |
| Batteries have been installed in their cabinets and all battery connections have been made according to the Battery Connection Diagram supplied. | <input type="checkbox"/> |
| There is no visible physical damage to any of the batteries, cabinets or electronics. | <input type="checkbox"/> |
| AC input and output wires have been pulled into the system and terminated at their proper locations. | <input type="checkbox"/> |
| All emergency loads are available and connected to system to check full-load operation. | <input type="checkbox"/> |
| Feed breaker size matches DSPM integration drawing for this specific model found on our website. | <input type="checkbox"/> |
| Are the water sensor labels white on inverter and battery cabinet? | <input type="checkbox"/> |
| Communication with DSPM will be establish with DSPM during the Startup. | <input type="checkbox"/> |

I certify that I have performed the above inspection and the information presented is correct.

Completed by: _____ (Sign) _____ (Print)


Date: _____ Contractor Company: _____

Note: Additional charges will be incurred if a return trip must be scheduled due to incomplete installation, visible physical damage, load unavailability or the absence of site personnel to be trained in operation and maintenance procedures

For assistance, contact our Technical Hot Line at 877-377-6769

Please FAX this completed form to the Field Service Department at 909-930-3335 or email to bdana@dspmanufacturing.com

NOTE: Start-Up scheduling will take place upon receipt of this completed form.

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|--|--|--------|------------------|--|
|  | Title: Inverter Installation Checklist | | | 1921 S. Quaker Ridge Place Ontario, CA 91761 Ph: 1.877.DSPM POWER 1.877.377.6769 Fax: 909.930.3335 |
| | Doc No.: 079-3000-00 | Rev: D | Page#: - 1 - | |
| | Description: Pre-Startup Document | | Date: 03/27/2017 | |