

"THE EMERGENCY POWER SYSTEM SPECIALISTS"

Emergency Systems Service Company

Installation Checklist – Housed Unit

Date: _____

Respond to: Service Department (Fax) 215 536-6676 (Voice) 215 536-4973 X 33

Job Name/ Location: _____

Address _____

City _____ State _____ Zip _____

Installing Contractor: _____

Contact (On-Site) _____ Phone/ Mobile _____

Email (Optional/ Recommended) _____

- Directions to Jobsite to follow (if necessary)

**THIS FORM IS REQUIRED TO PROCESS START-UP REQUEST AND SCHEDULE START-UP SERVICE.
RETURN FORM, CALL OR E-MAIL TO DISCUSS LEAD TIME**

Please SCAN and e-mail to - gen_service@emergencysystems-inc.com - or FAX to 215 536-6676

- ❖ MTU Onsite Energy Installation Guide is provided in the Owner's Manual(s) shipped with the generator set. The Guide is also available on our website in PDF format.

Contractor Responsibility Including but NOT Limited to: (Please check each item and initial)

MECHANICAL

- Clearance around generator set for airflow requirements and servicing per NEC (3 feet on all sides, with 6 feet on the radiator outlet end if not sound attenuated) _____
- Unit in place on concrete pad with vibration pads/ isolators with anchor studs/ bolts to prevent movement _____
- Exhaust system completed (muffler, flexible connection and raincap mounted *if shipped loose*) _____

DIESEL FUEL SYSTEM

- Fuel Inlet and Return Lines piped between the unit and external fuel storage tank (Not required if unit is mounted on a sub-base MAIN fuel tank – pipng will be required on a sub-base daytank) _____
- Fuel tank full or sufficient amount of fuel to run unit (minimum ½ tank capacity of Ultra Low Sulfur Diesel - ULSD) _____

GASEOUS FUEL SYSTEM

- (*Check as applicable*) Properly sized natural gas _____, or propane _____ fuel line connected to generator set to deliver full-load CFH as specified on unit nameplate _____

- Correct gas pressure at generator set as specified on unit nameplate _____
- Flexible fuel connection (*if shipped loose*) installed after the fuel solenoid (*if shipped loose*) _____

DO NOT Connect Batteries!

ELECTRICAL

- Properly sized generator set output wiring between the main line breaker(s) and the ATS (s)(vAC) _____
- Normal power available at ATS(s) _____
- Properly sized and correct number of stranded remote start and control wiring between generator set control and ATS (vDC) _____ [Qty two (2) for auto start signal + _____] **See Note Below for Install.**
- Correct wiring (or type of cable – Belden Blue Hose) and correct number of wires between generator set, ATS and *optional* remote annunciator (*if applicable*) (vDC). Please request information from sales/ service dept if needed _____

NOTE! Microprocessor Control Panel REQUIRES that generator set remote start/ stop and remote annunciator wiring is installed in a separate conduit with no vAC present!

(Inductive vAC loads present may cause induced voltages and erratic operation)

- Properly sized/ protected wiring and correct voltage for engine preheater (wired to terminal strip in connection box) DO NOT ENERGIZE! _____
- Properly sized/ protected wiring and correct voltage for unit mounted battery charger (wired to terminal strip in connection box) DO NOT ENERGIZE! _____
- Properly sized/ protected wiring and correct voltage to daytank/ (sub-base daytank) (*where applicable*) DO NOT ENERGIZE! _____
- Properly sized and correct number of stranded control wires between radiator duct mounted load bank and ATS (*if applicable*) _____

NOTE: Preferred installation would have these vAC circuits in stranded wire in a conduit separate from the generator set vAC output conduit(s), vDC control circuit conduit, or remote annunciator conduit

- Complete system test requires ALL ATS(s) energized, transferred and sufficient building load _____
- Co-ordination required to witness start-up or load bank test - YES _____ NO _____

If you have any questions on the above requirements, please contact our office for installation/ technical support at: (215) 536-4973 (Mon-Fri 8:00AM to 4:30 PM)

NOTE: Only one (1) no-charge visit is authorized for start-up service. A return visit for non-warranty/ incomplete items listed are subject to invoice.

Company _____

Signature _____ Printed Name _____

Date _____

2014-10-07