

Energy Systems
7100 S. Longe St., Ste 300
Stockton CA 95206
PH: (209) 870-1900 / Fax: (209) 870-1950

GENERATOR START UP REQUEST FORM

Please fax the completed form to Energy Systems 209-870-1950, Attn: Project Coordinator

Please complete the start up form in its entirety. Incomplete forms will be returned for completion **prior** to scheduling dates.

The lead time for start up and test is seven (7) to ten (10) working days upon receipt of the completed form and is dependent upon the Service Departments scheduling capacity at the time of the request. Please plan accordingly.

Emergency, after hours, or weekend testing will be charged accordingly. Please contact Energy Systems for current rates.

Upon receipt of the completed form Energy Systems will contact you to schedule the generator start up and testing.

Please initial: _____

Complete the Following Information

CONTRACTOR NAME	
CONTACT NAME	
PHONE NUMBERS <small>(list cell phone first - office second)</small>	
PROJECT NAME:	
SITE ADDRESS:	
CITY, STATE, ZIP CODE:	
MODEL NUMBER:	SERIAL NUMBER:
REQUESTED DATE & TIME <small>(7 - 10 day lead time upon receipt of form)</small>	
For Internal Use	
Actual Start up Date _____	Tech _____

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Completion of items checked below will be verified by our technician on the day of startup. Any checked items found not to be completed may negate the start up and result in billing for the labor, travel time, and mileage.

If for any reason outside of Energy Systems control the start up and test cannot be completed and an additional trip is required, the additional trip will also be billable for labor, travel time, and mileage.

ITEM DESCRIPTION	YES	NO	N/A
Is Generator Bolted to Concrete Slab:			
Is Automatic Transfer Switch Installed:			
Are Electrical Connections Connected to:			
- the generator			
- the automatic transfer switch			
- the battery charger			
- the engine coolant heater			
- the remote annunciator			
Does the Unit Have:			
- fuel in tank			
- battery on site			
Is Commercial Power Available:			
Is Fuel Connected to Tank & Generator:			
Is Exhaust in Place & Complete:			
Is Silencer & Flex Installed:			
If Generator is Natural Gas (Req'd Information):			
State Pipe Size :			
State Pipe Length from Meter :			
State the Qty of Elbows :			
State Gas Line Pressure :			
(at Frame of Generator)			
If Generator is LP Gas:			
Is Regulator Installed :			
State Pipe Size :			
State Pipe Length from Tank :			
State Gas Line Pressure :			
(at Frame of Generator)			
Test Requirements :			
Tank Pressure Test by Fire Marshall :			
Building Load Only :			
Load Bank Testing :			
Per Specification (attach copy) :			
Training according to Sales Quote (if Applicable):			
Name of Person(s) to be Present	Position / Title		

I confirm all the above work has been completed.

Print Name: _____

Date: _____

Sign Name: _____