

FMC-NA

Contractor's Generator Installation Checklist

Date: _____

Please fill out this checklist to verify that all systems are complete and the unit is ready for start-up. When this form is complete and returned start-up will be scheduled.

From:

FMC Location: _____

FMC Code: _____

FMC Project

Manager: _____

Return To:

Nardone Electric Corp.

100 Winchester Street

Medford MA 02155

Fax: 781-395-7530

Attn: Susan Nardone

Generator Model: _____

SER#: _____

ATS Model(s): _____

SER#: _____

- | | |
|--|---|
| <ul style="list-style-type: none">✓ Power Wiring Complete:<ul style="list-style-type: none">○ Generator <input type="checkbox"/> and ATS <input type="checkbox"/>✓ Remote Annunciator Powered and Communication Line Terminated <input type="checkbox"/>✓ Start Wires Connected <input type="checkbox"/> | <ul style="list-style-type: none">✓ Battery Charger Powered* <input type="checkbox"/>✓ Normal Utility Power is Present <input type="checkbox"/>✓ Block Heater Powered* <input type="checkbox"/>✓ Fuel Tank Filled <input type="checkbox"/> |
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***Note: Do not plug in devices (battery-charger and block heater) prior to initial start-up**

Requested Start-up Date: _____

Print Name: _____

Signature: _____

Cell Phone: _____

Note:

Once scheduled, if for any reason the generator is not ready for start-up or no one is available to be at start-up, the start-up will not be able to proceed, and the contractor will be back-charged by FMC-NA for the next visit.

Comments: