

ISIMET

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Date: _____

Phone # _____

Fax # _____

VERIFICATION OF LA SERIES INSTALLATION PRIOR TO FACTORY SERVICE

Project Name: _____ Project # _____

Project Location: _____

Product _____ Model # _____ Serial # _____

Nature of problem: _____

Installation Procedure Compliance

Wiring: 120-vac Line Wiring / 120 or 24-vac Output Wiring / Remote Panic Wiring / Integrate Service / Monitoring Devices

All these wiring systems are complete and tested? YES ____ NO ____

Are any of these wiring systems located within any common conduit? YES ____ NO ____

Are any of these wiring systems bundled or tied together with other wiring? YES ____ NO ____

Have all output circuits been testing for direct short? YES ____ NO ____

Are all fuses functional? YES ____ NO ____

Foreign wiring systems enters the enclosure? (if yes, Service for) _____ YES ____ NO ____

Non-ISIMET devices located within the enclosure? YES ____ NO ____

Have ALL other electrical devices (other than from ISIMET) in the room been connected and powered up? YES ____ NO ____

Transient Voltage & Ohm Test for 24 VAC outputs (Must use a digital voltage/ohm meter)

With the Unit's red Control Switch OFF @ the panel and power on to all appliances and outlets within the immediate area of the system and field wiring connected at the output terminals, does transient voltage appear across:

Pins 3 & 2 of CON 3 YES ____ NO ____ voltage reading _____ Resistance _____

Pins 3 & 1 of CON 3 YES ____ NO ____ voltage reading _____ Resistance _____

Remote Panic Input YES ____ NO ____ voltage reading _____



3 2 1 COM

Integrated wiring verification: (See image to right)

If other devices are connected to the unit, they are terminated according to manufacturer's instructions as follows:

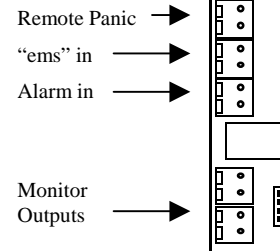
Remote Panic is correctly terminated @ pcb on Con 4A _____

"ems" is correctly terminated @ pcb on Con 4B _____

24-vac "alarm" is correctly terminated @ pcb on Con 4C _____

Monitor Output is correctly terminated @ pcb on Con 5 _____
(is monitor output 24VAC or Dry Contact? _____)

No other wiring conducting voltage is connected to any pin on the pcb. _____



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Piping Utility Verification:

Have all piping systems passed a locally approved pressure test? _____ Inspection? _____

Solenoids and sizes include:

Dom. C.W. _____ Dom. H.W. _____ Fuel Gas _____ Comp. Air _____ Other: _____ - _____

Are piping systems and solenoids/S-Enclosures installed per manufacturer’s instructions? _____

Are ISIMET Solenoids provided with this system? _____ If not, Manufacturer _____

(if other solenoids are provided then you must include copy of compliance verification)

Are piping systems active (ON)? _____ Have ALL piping systems been thoroughly flushed and cleaned? _____

Certification Statement:

I certify that all piping systems directly connected and controlled by the ISIMET Utility Control System are active & ON, have been inspected and are clean of all construction related debris.

Sign _____ Print _____ Date _____

Title _____ Company _____

Verified & Witness by _____ Title _____

Company / Firm _____ Date _____

Electrical Utility Verification:

Are all electrical services terminated to all appliances & equipment in the classroom and general proximity of the ISIMET Utility Control System? _____ Has the Electrical System passed a local Inspection? _____

If the ISIMET System is to be integrated with other control or monitoring systems, are these terminations complete and system active for the _____ ? Y / N and/or _____ ? Y / N

If wiring from a secondary control or monitoring system enters the enclosure, does wiring enter through conduit containing wiring for other ISIMET required devices or operators? _____

Is all low voltage control wiring to ALL operated devices terminated at the device and at the Controller’s output terminal? _____ Has wiring passed a continuity test? _____

Certification Statement:

I certify that the electrical system directly connected and controlled by the ISIMET Utility Control System is active, ON, and has been tested and inspected.

Sign _____ Print _____ Date _____

Title _____ Company _____

Verified & Witness by _____ Title _____

Company / Firm _____ Date _____

You as the purchaser/installer may be subject to additional charges for parts and/or services if you fail to inform ISIMET of conditions that cause the unit to fail and/or improper installation methods. **DO NOT send this form until you are ready.**

Company Authorizing Service _____ Date _____

Authorized Signature _____

NOTICE: A representative from the Company installing the Plumbing and the Electrical must be present during Start-up.

Please fax report to (903) 897-0740