✓ PRE-START UP CHECKLIST

Thank you for choosing Myers Emergency & Power Systems to solve all of your power quality needs. Please complete and return this form via email to service@myerseps.com. Completing all items on the list is required to ensure your UPS is ready to start up. The pre-startup checklist must be completed and returned prior to us confirming your startup date. Please make a copy of this sheet for your records.

Site Information

Company Name: _____

Contact Name: _____

Company Phone #: _____

Contact Phone #: _____

Contact Email: _____

Site Address: _____

City: _____ State: _____ Zip Code: _____

UPS Model: _____

UPS Serial # : _____

Electrician Information

Company Name: _____

Contact Name: _____

Company Phone #: _____

Contact Phone #: _____

Yes	No	NA	
☐	☐	☐	Have all packing materials and restraints been removed from each cabinet?
☐	☐	☐	Is each cabinet in the UPS system placed in its installed location?
☐	☐	☐	Is there adequate clearance and site lighting around the UPS and other cabinets?
☐	☐	☐	Is the area around the UPS clean, dry, and dust free?
☐	☐	☐	Is the area around the UPS adequately cooled?
☐	☐	☐	Are the external battery cabinet(s), if used, in place by the UPS?
☐	☐	☐	Does the installation include an external maintenance bypass switch?
☐	☐	☐	Does the utility voltage match the UPS rated voltage?
☐	☐	☐	Is the Input and output wiring installed properly and of the correct size wire and circuit breakers?
☐	☐	☐	Is the input neutral conductor installed?
☐	☐	☐	Have all ground conductors installed properly?
☐	☐	☐	Is there a Remote Emergency Power Off (EPO) installed and connected to the UPS EPO contacts?
☐	☐	☐	If an SNMP card was purchased, is there a network drop at the UPS for UPS monitoring?
☐	☐	☐	Will any UPS contacts closures be connected to outside equipment?
☐	☐	☐	Will the end user be available for UPS familiarization training?

> **I acknowledge the above items have been completed and I'm aware that extra charges may be applicable if the UPS unit is not ready for startup at the time of service.**
>
> Customer name (Please Print): _____
>
> Customer name (Signature): _____ Date Signed: _____
>
> Requested Start-Up Date and Time : _____