



Generator Startup Request

Startup scheduling, system checklist & warranty registration

AUTHORIZED GENERAC INDUSTRIAL ENERGY DISTRIBUTOR

HOW TO SUBMIT THIS FORM

Fields marked * are required. Please allow a minimum of two (2) weeks' notice for scheduling.

1 FILLING OUT ON A COMPUTER

Type into the fields using Adobe Acrobat or Acrobat Reader, then click the orange SUBMIT FORM button on page 4. Using a web browser, Mac Preview, or a phone? Save the completed form and email it to the address at right.

2 FILLING OUT BY HAND

Print all 4 pages, complete in pen, and sign page 4. Scan all pages into a single PDF and email it to:

startuprequest@essellc.com

PROJECT INFORMATION

Project Name *

The startup schedule will be coordinated and confirmed with the Primary Site Contact.

Primary Site Contact *

Primary Site Contact Email *

Primary Site Contact Phone *

Secondary Site Contact

Secondary Site Contact Email

Secondary Site Contact Phone

Escalation Contact *

Escalation Contact's Email *

Escalation Contact Phone *

SITE INFORMATION

Project Address *

Project City *

Project State *

Project County *

Project Zip Code *

OWNER INFORMATION FOR WARRANTY REGISTRATION

Accurate information must be provided to activate the equipment warranty.

Owner Company Name *

Owner Contact Name *

Owner Address *

Owner Address Line 2

Owner City *

Owner County

Owner State *

Owner Zip Code *

Owner Email *

Owner Phone *

ELECTRICAL CONTRACTOR

Electrical Contractor Company Name *

Electrical Contractor Contact Name *

Electrical Contractor Email *

Electrical Contractor Phone *

GENERATOR SYSTEM INFORMATION

Generator Model Number 1 *

Generator Serial Number 1 *

Generator Model Number 2

Generator Serial Number 2

Generator Model Number 3

Generator Serial Number 3

TRANSFER SWITCH INFORMATION

Transfer Switch Model Number 1 *

Transfer Switch Serial Number 1 *

Transfer Switch Model Number 2

Transfer Switch Serial Number 2

Transfer Switch Model Number 3

Transfer Switch Serial Number 3

Transfer Switch Model Number 4

Transfer Switch Serial Number 4

SCHEDULING INFORMATION

Please note we do request a minimum two (2) weeks' notice for scheduling. We will contact you to confirm availability and schedule. Please do not assume your date requested is scheduled until you have confirmation from the ESSE office.

Requested Startup Date * MM/DD/YYYY

Is there a specific date you would like to request a startup?

Will we be allowed to perform a simulated power failure to complete the system test at startup? *

Additional charges may apply for return trips.

☐ Yes ☐ No

Time Window

Is there a specific time window we can complete a simulated power failure test? Additional charges may apply for times outside M-F, 8am-5pm.

Operational Training is conducted the same day as startup unless specifically stated otherwise on quote. Will the end user or representative be available the day of startup for training? *

**Additional charges will be applied if a return trip is required for owner training.*

☐ Yes ☐ No

How close can the technician park to the generator? *

FUEL SYSTEM INFORMATION

Fuel Type *

☐ Gas ☐ Diesel

Please provide the name and address of the responsible party for Fuel Billing.

DIESEL FUEL SYSTEM

Complete this section if the generator is diesel-fueled.

Is a Fuel Tank Pressure Test Required?

☐ Yes ☐ No

***If yes DO NOT fuel the generator until after the pressure test has been completed.**

How many gallons of fuel are in the tank?

GAS FUEL SYSTEM

Complete this section if the generator is gas-fueled (natural gas and/or LP).

Select Gas type:

☐ Natural Gas ☐ Dual Fuel (NG & LP) ☐ LP Vapor ☐ LP Liquid

Gas supply system installed per Generac Gas Supply Design Guide (doc no. 10000046207) and specific generator requirements:

☐ Yes ☐ No

Pressure (in. H2O) at Generator:

Pipe size:

Length of pipe between Primary Regulator and Generator:

Manual shut-off valve and all applicable safety valves are installed per local codes and standards. A manual shut-off valve and pressure test port (tee) should be installed near the generator:

☐ Yes ☐ No

Is this a Dedicated Fuel Line for the Generator(s)?

☐ Yes ☐ No

Number of 90 degree elbows installed:

Number of 45 degree elbows installed:

Number of Tee's installed:

Make of Regulator:

Model Number of Regulator:

BTU of Primary Regulator:

**It is the installer's responsibility to provide a proper gas supply. Additional charges will be applied if return trips are required due to gas supply issues.*

ELECTRICAL SYSTEM

Utility power nominal voltage *

☐ 240V 1-Phase
 ☐ 208V 3-Phase
 ☐ 240V 3-Phase
 ☐ 480V 3-Phase

PRE-STARTUP CHECKLIST ITEM	YES	NO	N/A
Generator set is grounded in compliance with local codes *	☐	☐	—
Generator and ATS data plate voltages match utility voltage *	☐	☐	—
AC wiring is properly sized, installed, and terminated *	☐	☐	—
Building loads are connected properly in ATS *	☐	☐	—
Exhaust System is installed if it shipped loose *	☐	☐	☐
Generator is securely mounted and anchored to the concrete pad *	☐	☐	—
Control wires are installed in separate conduit away from AC wiring *	☐	☐	—
Remote Emergency Stop Switch is installed *	☐	☐	☐
Remote Annunciator Panel (RAP) Installed *	☐	☐	☐
Control wiring run and labeled from generator to annunciator panel *	☐	☐	☐

Auxiliary power (i.e. battery charger, block heater, etc) nominal voltage *

**Do not energize auxiliary power at the generator prior to startup. Powering these circuits can cause damage to the unit not covered under warranty.*

☐ 240V 1-Phase
 ☐ 208V 1-Phase
 ☐ 208V 3-Phase
 ☐ 480V 3-Phase

PRE-STARTUP CHECKLIST ITEM	YES	NO	N/A
Auxiliary power circuit(s) provided from the emergency distribution panel *	☐	☐	☐
<i>*No Power is to be supplied to the circuits at the generator until startup. Powering these circuits can cause damage to the unit not covered under warranty.</i>			
Starting Battery has been set in the unit *	☐	☐	—
<i>*Do Not Connect Batteries. Technician will connect at startup.</i>			

Please Note: If the ESSE technician arrives on site for startup and determines that this checklist was not followed and the start-up cannot be performed, additional charges will apply for all necessary return trips or the time it takes to perform the corrections while the technician is on site. Additional charges will be at our normal rates. Overtime rates (1.5X normal rates) apply to hours beyond the standard workday M-F, 8am-5pm. Please allow 3-5 business days for confirmation and scheduling communications to occur following your submission.

SIGNATURE

Company Name *

First Name *

Last Name *

Phone Number *

Email *

Signature (type your name, or sign by hand) *

Date signed * MM/DD/YYYY

HOW TO SUBMIT

COMPUTER Click Submit Form (Adobe Acrobat / Reader) and attach the saved PDF to the email.

PAPER Sign, scan all 4 pages into one PDF, and email it to startuprequest@essellc.com.

SUBMIT FORM