|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Form A3-1: Installation Document for Type A Power Generating Modules**  Please complete and provide this document for every **Power Generating Facility.**  Part 1 should be completed for the **Power Generating Facility**.  Part 2 should be completed for each of the **Power Generating Modules** being commissioned. Where the installation is phased the form should be completed as each part of the installation is completed in accordance with EREC G99 paragraph 15.3.3 | | | | | | | | | | |
| **Form A3-1 Part 1** | | | | | | | | | | |
| To ABC electricity distribution **DNO**  99 West St, Imaginary Town, ZZ99 9AA [abced@wxyz.com](mailto:abced@wxyz.com) | | | | | | | | | | |
| **Generator Details:** | | | | | | | | | | |
| **Generator** (name) | |  | | | | | | | | |
| Address | |  | | | | | | | | |
| Post Code | |  | | | | | | | | |
| Contact person (if different from **Generator**) | |  | | | | | | | | |
| Telephone number | |  | | | | | | | | |
| E-mail address | |  | | | | | | | | |
| MPAN(s) | |  | | | | | | | | |
| **Generator** signature | |  | | | | | | | | |
| **Installer Details:** | | | | | | | | | | |
| **Installer** | |  | | | | | | | | |
| Accreditation / Qualification | |  | | | | | | | | |
| Address | |  | | | | | | | | |
| Post Code | |  | | | | | | | | |
| Contact person | |  | | | | | | | | |
| Telephone Number | |  | | | | | | | | |
| E-mail address | |  | | | | | | | | |
| **Installer** signature | |  | | | | | | | | |
| **Installation details** | | | | | | | | | | |
| Address | |  | | | | | | | | |
| Post code | |  | | | | | | | | |
| Location within **Generator’s** **Installation** | |  | | | | | | | | |
| Location of Lockable Isolation Switch | |  | | | | | | | | |
| **Summary details of Power Generating Modules -** where multiple **Power Generating Modules** will exist within one **Generator’s Installation**. | | | | | | | | | | |
| **Manufacturer** / Reference | Date of Installation | | Technology Type | **Manufacturers** Ref No. (Product ID) or Reference to Form A2-1/2/3 or combination of above as applicable | **Power Generating Module Registered Capacity in kW** | | | | | |
| 3-Phase Units | Single Phase Units | | | | **Power Factor** |
| PH1 | | PH2 | PH3 |
|  |  | |  |  |  |  | |  |  |  |
|  |  | |  |  |  |  | |  |  |  |
|  |  | |  |  |  |  | |  |  |  |
|  |  | |  |  |  |  | |  |  |  |
| **Emerging technology classification (if applicable).** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Commissioning Checks.** | | | | | | | | | | |
| **Description** | | | | | | | **Confirmation** | | | |
| **Generator’s Installation** satisfies the requirements of BS7671 (IET Wiring Regulations). | | | | | | | Yes / No\* | | | |
| Suitable lockable points of isolation have been provided between the **PGMs** and the rest of the **Generator’s Installation**. | | | | | | | Yes / No\* | | | |
| Labels have been installed at all points of isolation in accordance with EREC G99. | | | | | | | Yes / No\* | | | |
| Interlocking that prevents **PGMs** being connected in parallel with the **DNO** system (without synchronising) is in place and operates correctly. | | | | | | | Yes / No\* | | | |
| Balance of Multiple Single Phase **PGMs**. Confirm that design of the **Generator’s** **Installation** has been carried out to limit output power imbalance to below 16 A per phase, as required by EREC G99. | | | | | | | Yes / No\* | | | |

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| --- | --- | --- | --- |
| **Form A3-1 Part 2** | | | |
| **Power Generating Module** reference or name |  | | |
| **Information to be enclosed.** | | | |
| Description | | | Confirmation \* |
| Schedule of protection settings (may be included in circuit diagram) | | | Yes / No\* |
| Final copy of circuit diagram | | | Yes / No\* |
| **Commissioning Checks.** | | | |
| The **Interface Protection** settings have been checked and comply with EREC G99. | | | Yes / No\* |
| The **PGM** successfully synchronises with the **DNO’s Distribution Network** without causing significant voltage disturbance. | | | Yes / No\* |
| The **PGM** successfully runs in parallel with the **DNO’s Distribution Network** without tripping and without causing significant voltage disturbances. | | | Yes / No\* |
| The **PGM** successfully disconnects without causing a significant voltage disturbance, when they are shut down. | | | Yes / No\* |
| **Interface Protection** operates and disconnects the **DNO’s Distribution Network** quickly (within 1s) when a suitably rated switch, located between the **PGM** and the **DNO’s** incoming connection, is opened. | | | Yes / No\* |
| The **PGM** remains disconnected for at least 20s after switch is reclosed. | | | Yes / No\* |
| Loss of tripping and auxiliary supplies. Where applicable, loss of supplies to tripping and protection relays results in either **PGM** lockout or an alarm to a 24hr manned control centre. | | | Yes / No\* |
| \*Circle as appropriate. If “No” is selected the **Power Generating Facility** is deemed to have failed the commissioning tests and the **Power Generating Module** shall not be put in service. | | | |
| Additional comments / observations: | | | |
| Declaration – to be completed by **Generator** or **Generator’s** Appointed Technical Representative. | | | |
| I declare that for the **Type A Power Generating Module** within the scope of this EREC G99, and the installation:  1. Compliance with the requirements of EREC G99 is achieved.  2. The commissioning checks detailed in Form A2-4 have been successfully completed\*.  3. The commissioning checks detailed in this Form A3-1 have been successfully completed.  \*delete if not applicable ie if the **Interface Protection** and ride through capabilities are **Type Tested**. | | | |
| Name: | | | |
| Signature: | | Date: | |
| Company Name: | |
| Position: | | | |

|  |  |
| --- | --- |
| Declaration – to be completed by **DNO** Witnessing Representative if applicable. Delete if not witnessed by the **DNO**. | |
| I confirm that I have witnessed:  1. The commissioning checks detailed in Form A2-4 \*;  2. The commissioning checks detailed in this Form A3-1 on behalf of and that the results are an accurate record of the checks.  \*delete if not applicable ie if the **Interface Protection** and ride through capabilities are **Type Tested** | |
| Name: | |
| Signature: | Date: |
| Company Name: |