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| **Form B3- Installation and Commissioning Confirmation Form for Type B PGMs** 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 B3 Part 1** |
| To ABC electricity distribution **DNO** 99 West St, Imaginary Town, ZZ99 9AA abced@wxyz.com |
| **Installer or Generator Details:** |
| **Installer** |  |
| Accreditation/Qualification |  |
| Address  |  |
| Post Code |  |
| Contact person |  |
| Telephone Number |  |
| E-mail address |  |

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| **Installation Details:** |
| Site Contact Details |
| Address |  |
| Post Code |  |
| Site Telephone Number |  |
| MPAN(s) |  |
| Location within **Generator’s Installation** |  |
| Location of Lockable Isolation Switch |  |
| **Details of Power Generating Module(s):** |
| **Manufacturer** / Reference  | Date of Installation | Technology Type | **Manufacturers** Reference Number (Product id on ENA database) and or Equipment Certificate references as applicable | **Power Generating Module**  |
| **Registered Capacity** in kW  | **Power Factor** |
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| **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 the **PGMs** being connected in parallel with the **DNO** system (without synchronising) is in place and operates correctly.  | Yes / No\* |

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| **Form B3 Part 2** |

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| **Power Generating Module** reference or name |  |
| **Information to be enclosed.** |
| **Description** | **Confirmation** |
| Final copy of circuit diagram. | Yes / No\* |
| Schedule of protection settings (may be included in 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** system without causing significant voltage disturbance. | Yes / No\* |
| The **PGM** successfully runs in parallel with the **DNO** system without tripping and without causing significant voltage disturbances. | Yes / No\* |
| The **PGM** successfully disconnect without causing a significant voltage disturbance, when they are shut down. | Yes / No\* |
| **Interface Protection** operates and disconnects the **PGM** 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\* |
| \*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: |

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| **Declaration – to be completed by Generator or Generators Appointed Technical Representative.** |
| I declare that for the **Type B Power Generating Module** within the scope of this EREC G99, and the installation:1. The **Power Generating Module Document** Form B2-1 is complete 2. The commissioning checks detailed in Form B2-2 have been successfully completed\*.3. The commissioning checks detailed in this Form B3 have been successfully completed.\*delete if not applicable ie if the **Interface Protection** and ride through capabilities are **Type Tested**. |
| Name: |
| Signature: | Date: |
| Company: |
| Position:  |
| **Declaration – to be completed by DNO Witnessing Representative.** |
| I confirm that I have witnessed:1. The commissioning checks detailed in Form B2-2 \*;2. The commissioning checks detailed in this Form B3 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: |
| Company Name |
| Signature: | Date: |