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| **Form A3-2 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\* |
| **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 **PGMError! Bookmark not defined.** 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 it is shut down. | Yes / No\* |
| **Interface Protection** operates and disconnects the **DNO**’s **Distribution Network** quickly (within 1 s) 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 20 s 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 24 hour 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 **Power Generating Module** within the scope of this EREC G99, and the installation:1. Compliance with the requirements of EREC G99 and EREC G100 is achieved. 2. The **Power Generating Module** is **Fully Type Tested**.3. The commissioning checks detailed in this Form A3-2 Part 2 have been successfully completed. |
| Name:  |
| Signature:  | Date:  |
| Company Name: |
| Position: |