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| **Form C3 Installation and Commissioning Confirmation Form for Type C and Type D PGM**sPlease 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 Module**s being commissioned. Where the installation is phased the form should be completed on a **Generating Unit** basisas each part of the installation is completed in accordance with EREC G99 paragraph 15.3.3. For phased installations reference to **PGM** in this form should be read as reference to **Generating Unit**s. |
| **Form C3 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 |  |
| **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 **PGM**s 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 **PGM** being connected in parallel with the **DNO**’s **Distribution Network** (without synchronising) is in place and operates correctly.  | Yes / No\* |

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| **Form C3 Part 2** |
| **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 / N/A (**Type Tested**)\* |
| 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 it is shut down. | Yes / No\* |
| **Interface Protection** operates and disconnects the **PGM** quickly (within 1s) when a suitably rated switch, located between the **PGMError! Bookmark not defined.** 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 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 Generators Appointed Technical Representative.** |
| I declare that for the **Type C or Type D**# **Power Generating Module** within the scope of this EREC G99, and the installation:1. The commissioning checks detailed in Form C2-2 have been successfully completed\*.2. The commissioning checks detailed in this Form C3 have been successfully completed.# delete **Type C** or **Type D** as applicable.\*delete if not applicable ie if the **Interface Protection** and ride through capabilities are **Type Tested**. |
| Name: |
| Signature: | Date: |
| Company: |
| Position:  |

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| **Declaration – to be completed by DNO Witnessing Representative** |
| I confirm that I have witnessed:1. The commissioning checks detailed in Form C2-2 \*;2. The commissioning checks detailed in this Form C3 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: |