

Load Bank Requirements			
Verizon			
<i>These tests must be completed at final site and NOT at other facility</i>		<i>Dealer-Distributor's Technician Observe</i>	
5-psi Tank Pressure & Leak Test Completed at Final Site (per VzW spec - prior to fueling)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is TVSS installed by others on Generator Feed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Hour Load Bank Test Completed at Final Site (at generator's full rated load)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is TVSS installed by others on Utility Feed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Manufacturer's Start-up Tests Complete at Final Site (attached if needed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is SSD or TVSS installed by others on Alarm Wiring?	Yes <input type="checkbox"/> No <input type="checkbox"/>
All Warranty & Start-up Forms Complete (attached if needed)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is SSD or TVSS installed by others on 2-wire start?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Verizon Wireless Required Factory Testing			
<i>VzW Approved generator manufacturer certifies that these tests have been completed at the factory</i>			
UL142 Listed Tank (diesels only)	Yes	VzW's Frame Temp Test per VzW Specification - Completed at Factory	Yes
VzW's 5-psi Tank Pressure per VzW Specification - Completed at Factory (diesels only)	Yes	Activation of Manufacturer's 5-year Extended Parts Labor Limited Warranty	Yes
VzW's 2-Hour Stepped Test per VzW Specification - Completed at Factory	Yes	Manufacturer's Standard Tests - Completed at Factory	Yes
VzW's Fluid Temp Recording per VzW Specification - Completed at Factory	Yes		
No signature required - These items are required per Verizon Wireless generator specifications			

Initial each item upon satisfactory completion and acceptance		
	Generac Dealer Tech	Authorized Employee
Start-up Form Complete	(initials)	(initials)
Warranty Forms Complete	(initials)	(initials)
Transfer Switch Form Complete	(initials)	(initials)
____ Hour Load Bank Complete	(initials)	(initials)
ATS Start-up Form ATC Complete (If Applicable)	(initials)	(initials)
ATS Start-Up Complete (If Applicable)	(initials)	(initials)
Per NFPA 110 (Ahold Account Only)	(initials)	(initials)
Second Site Training Visit Scheduled (If Applicable)	(initials)	(initials)

Accepted by:	
Authorized Employee Name:	
Authorized Signature:	
Address:	
City, State, Zip:	
Phone:	Mobile: