



PHOTOVOLTAIC INSTALLATION COMMISSIONING REPORT FORM

The Photovoltaic Commissioning Report Form must be submitted for each installation, confirming compliance with City Power requirements.

Project name:	

Site details					
Property address (incl. post code)					
Business partner & contract account numbers					
Contact details					
PV property owner					
Contact person					
Contact telephone number					
PV details					
Network connection point/s:					
Isolation points to be used to connect/disconnect embedded generation from the distribution network					
Total capacity of embedded generation (kVA and PF)					
Inverter manufacturer, model and type					
Location of embedded generator within the entire installation					

Supplier/Installer details				
Supplier/Installer				
Accreditation/qualification				





a world class African city

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Address (incl. post code)		
Contact person		
Telephone number		
Fax number		
Email address		
Ir	formation to be enclosed	
Copy of final single line diagram		
Inverter type test Certificate of Complian 097-2-1, issued by accredited 3rd party t provided).		
Electrical installation Certificate of Comp	liance.	
Signed declaration form		
Operation and maintenance procedure		
Compulsory declaration – to	o be completed by ECSA registered Pr E	Eng or Pr Tech Eng
The PV installation complies with the rele	evant sections of NRS 097-2-1.	
The loss of mains protection has been p part of the on-site commissioning, e.g. a to the PV in order to prove that the loss of		
Safety labels have been fitted in accorda		
The PV installation complies with the rele installation certificate of compliance is at		
Comments (continue on separate sheet		
Name:	Date:	4
ESCA professional category:	fessional category: Reg. No:	





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Witnessed and Approved by City Power						
	Tick below where applicable		Comments			
Safety labels on the City Power Mini substation / Distribution Transformer						
Fault current rating of grid connection equipment(s) satisfactory						
Residual current protection device installed						
Anti-islanding tested						
Name:		Date:				
Title:		Department:	Signature:			