|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 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 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 | |  | | | | |
| **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 | **Manufacturer**s Reference Number (Product id on ENA database) and or Equipment Certificate references as applicable | | **Power Generating Module** | |
| **Registered Capacity** in kW | **Power Factor** |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **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**s being connected in parallel with the **DNO**’s **Distribution Network** (without synchronising) is in place and operates correctly. | | | | Yes / No\* | | |
| **Form B3 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 **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\* |
| 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 B Power Generating Module** within the scope of this EREC G99, and the installation:  1. The commissioning checks detailed in Form B2-2 have been successfully completed\*.  2. 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: | |