



# ZCH-Checklist EN OF Installation

Document ID and revision	Status	Date (yyyy-mm-dd)	Language
D2834645/001	Approved	2022-01-25	en-US
Product	Project	Applicable work instruction	
SG-10.0-XXX & SG-11.0-200	Generic	D2834642	

## Checklist

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Document ID and revision	Status	Date (yyyy-mm-dd)	Language
D2834645/001	Approved	2022-01-25	en-US
Original or translation of	ECN	RDS-PP®	DCC
Original	C01141988	=MD	&MDD080

File name
D2834645_001-ZCH-Commission tower.docx.pdf

WTG specifications		
Customer / Owner		
Project name		
Project no.		
Turbine no. / component no.		

## 1. Introduction

This checklist must be completed at the point of work. Checklists must not be filled out retrospectively and/or by a 3rd party not directly involved in the work performed. Checklists must be filled out legibly.  
If the condition of the work is not in accordance with the checklist content, then the checklist must not be submitted, and site management shall be contacted.


## 2. Technician and Tools Records

The technician's personal information must be noted in the table below. When ticking off the checkpoints, technicians only need to sign off with their initials.

Name	Employee no.	Company name	Initials

Write the designation and serial number of the used calibrated tool in the table below. When using a calibrated tool, write the position number or set number of the calibrated tool (1-10) in the corresponding field in the checklist.

When hydraulic torque and tension tools are used, make sure to enter the serial numbers of all items including hydraulic pump, pressure gauge and torque and tension heads.

	Calibration is valid until the last day of the stated month.		
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Calibrated tools			
Pos. no.	Description of calibrated tool	Calibrated tool No.	Expiry date (yyyy-mm)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Calibrated hydraulic tools (torque & tension)			
Set. no.	Description of calibrated tool	Calibrated tool No.	Expiry date (yyyy-mm)
1A	Hydraulic pump		
	Pressure gauge		
	Torque and tension heads		
1B	Hydraulic pump		
	Pressure gauge		
	Torque and tension heads		
1C	Hydraulic pump		
	Pressure gauge		
	Torque and tension heads		

### 3. Inspection

#### 3.1. Preparation - Turbine control switch

Checks to be completed by technicians			
No.	Check item and specification	Calibrated tool pos. no/set no.:	Date & Initials for OK:
1	Turbine control switch in AA308 cabinet is set to "Local"		

#### 3.2. Check foundation-outdoor lights

Checks to be completed by technicians			
No.	Check item and specification	Calibrated tool pos. no/set no.:	Date & Initials for OK:
1	Function of light switch at tower door / foundation verified.		

#### 3.3. Check internal lights in tower and nacelle

Checks to be completed by technicians			
No.	Check item and specification	Calibrated tool pos. no/set no.:	Date & Initials for OK:
1	Function of light switch at tower door / foundation verified.		
2	<b>Uninterruptible power supply (UPS) backup light mode:</b> <ul style="list-style-type: none"> <li>Lights on and flashing every 10 s to indicate backup light mode when circuit breakers for light are disconnected <input type="checkbox"/></li> <li>Circuit breaker reconnected after the test <input type="checkbox"/></li> </ul>		

### 3.4. Check electrical cabinets

Checks to be completed by technicians			
No.	Check item and specification	Calibrated tool pos. no/set no.:	Date & Initials for OK:
1	Plastic film and tape removed from ventilation filters		

### 3.5. Check network switch

Checks to be completed by technicians			
No.	Check item and specification	Calibrated tool pos. no/set no.:	Date & Initials for OK:
1	Communication to all used ports on network switch in AA26 cabinet checked		

### 3.6. Turbine control switch

Checks to be completed by technicians			
No.	Check item and specification	Calibrated tool pos. no/set no.:	Date & Initials for OK:
1	"Turbine control" switch (A) in AA308 cabinet is set back to "Remote" mode		

## 4. Remarks

Type comments here:

## 5. Signatures

Competent technician / Team lead

Name: \_\_\_\_\_ Employee no.: \_\_\_\_\_

Department: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Installation Lead / Group lead

Name: \_\_\_\_\_ Employee no.: \_\_\_\_\_

Department: \_\_\_\_\_ Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 6. Revision History

Revision	Date	ECN No.	Change description
001	2022-01-24	C01141988	New document, first official release Baseline document D2165451, ECN C01137700

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