## Field Service Report Form POWER SERVICES 14000 S. Broadway, Los Angeles, CA 90061

Field Service #	☐ Turn O	n   Mainte	enance (PM)	Repair	☐ Eval	uation	
Model No: Serial		D:	Service Date:				
Equipment Location		Technic	ian Information				
Customer Name		Technician	Name				
Company		Company	-				
Address		Address					
City State	e Zip Code	City		State	Zip Code		
Phone Fa		Phone		Fax			
Cell # En	mail	Cell #		Email			
Unit Condition							
Is room Air Conditioned?	Yes O No	Is the unit clean (f	ree of dust and/or o	dirt)?	○ Yes	○ No	
Approximate Temperature:		Clearance around	unit: Front	Back Le	ft Rig	jht	
Visual Inspection: Description	on of visual flaw (if any	١٠					
Visual Inspection: Bescription	on or visual naw (ii arry)	<i>,</i> .					
Unit Status	For	3-Phase units, is ph	nase rotation clock	wise (A-B-C)?	○ Yes	○ No	
	Doe	s screen display "U	IPS Normal, Charge	er on" message?	? \( \text{Yes}	○ No	
	Is al	l the connections b	een adequately to	rqued?	○ Yes	○ No	
INPUT VOLTAGE INP	PUT CURRENT OL	JTPUT VOLTAGE	OUTPUT CURRE	NT Battery \	/oltage:		
Labeled			Labeled	Battery (			
Actual	Act	ual	Actual	DC Bus V	oltage:		
Verification of Maintenance	e Bypass Switch C	<b>Operation</b> (if app	olicable):				
Switch in Manual Doe	es screen display "l	UPS Normal, Ch	narger On" mess	sage?	Yes	○ No	
Switch in Auto Doe	es screen display "l	UPS Normal, Ch	narger On" mess	sage?	○ Yes	○ No	
Verification of Battery Ope	ration						
• •	es screen display "l	UPS Problem, C	harger Off" mes	ssage?		○ No	
Switch Released Doe	es screen display "l	UPS Normal, Ch	narger On" mess	sage?	○ Yes	○ No	
Follow Up Required	Yes No Dat	e: Follow Up A	Action:				
☐ Customer ☐ Ser	rvice						
Comments							
Will customer be adding anymor	re output load to unit?	?	If yes, how many	Watts:	and/or Amp	os:	
Customer Signature:	Date:	Technician Signature:			Date:		