

Field Service Report Form

POWER SERVICES 14000 S. Broadway, Los Angeles, CA 90061

Field Service # _____ Turn On Maintenance (PM) Repair Evaluation

Model No: _____		Serial No: _____		Service Date: _____	
Equipment Location			Technician Information		
Customer Name _____			Technician Name _____		
Company _____			Company _____		
Address _____			Address _____		
City _____	State _____	Zip Code _____	City _____	State _____	Zip Code _____
Phone _____	Fax _____		Phone _____	Fax _____	
Cell # _____	Email _____		Cell # _____	Email _____	

Unit Condition

Is room Air Conditioned? Yes No Is the unit clean (free of dust and/or dirt)? Yes No

Approximate Temperature: _____ Clearance around unit: Front _____ Back _____ Left _____ Right _____

Visual Inspection: Description of visual flaw (if any):

Unit Status

For 3-Phase units, is phase rotation clockwise (A-B-C)? Yes No

Does screen display "UPS Normal, Charger on" message? Yes No

Is all the connections been adequately torqued? Yes No

INPUT VOLTAGE		INPUT CURRENT		OUTPUT VOLTAGE		OUTPUT CURRENT		Battery Voltage:
Labeled		Labeled		Labeled		Labeled		
Actual		Actual		Actual		Actual		Battery Current:
								DC Bus Voltage:

Verification of Maintenance Bypass Switch Operation (if applicable):

Switch in Manual Does screen display "UPS Normal, Charger On" message? Yes No

Switch in Auto Does screen display "UPS Normal, Charger On" message? Yes No

Verification of Battery Operation

Switch Pressed Does screen display "UPS Problem, Charger Off" message? Yes No

Switch Released Does screen display "UPS Normal, Charger On" message? Yes No

Follow Up Required Yes No

Customer Service

Date:	Follow Up Action:

Comments

Will customer be adding anymore output load to unit? Yes No If yes, how many Watts: _____ and/or Amps: _____

Customer Signature: _____ Date: _____

Technician Signature: _____ Date: _____