

VSD Startup Report

Onsite Commissioner Information:

Date(s): _____

Name (Please Print): _____

Company: _____

Training Certification Number: _____

Phone Number: _____

Fax Number: _____

Site Information:

Company	
Address	
City, State, Zip	
Contact Name	
Title	
Phone Number	
Fax Number	
Cell Phone/Pager:	

Drive and Name Plate Information:

Motor Name Plate Info

Code Number:	VS _____	H.P.	
Serial Number:		Voltage	
JCI Order/P.O.		Current	
Software Version:		R.P.M.	
What kind of application is this (pump/#, Fan/#) ?		Hz	
Application:		S.F.	
PID or remote:		Ins Class	B F H other

Site Installation Information:

Motor Installed _____ Yes, Coupled _____ Yes, Loaded _____ Yes

Item	OK	Needs Work	Item	OK	Needs Work
Ambient Temp			Mounting - Install		
Enclosure Suitable			Power Wire Size		
Proper Conduits			Power Ground		
Analog IO Shielded			Fieldbus Shielded		
Explain all items that needed work (i.e. power terminations, replaced parts, etc):					



Send this form to :

Mechanical Systems Team

Johnson Controls Inc.

1010 3rd Av Southwest, Carmel Indiana 46032

Fax: 317-574-0840 Email:CG-Mechanical-Systems@jci.com

Programming: Enter changes to default values –list below

PID Application Selected

#	Parameter Name	Value	#	Parameter Name	Value

Rotation of the motor has been corrected so that “Forward” is proper Rotation?
 Yes _____ No _____ **Bypass Rotation Correct** Yes _____ No _____

Measured Values -- Drive Running 60HZ	Phase A-B	Phase B-C	Phase C-A
Line Voltage, Drive Stopped			
Line Voltage, Drive Running loaded			
Load Voltage, Drive Running loaded			
Measured Values	Phase A	Phase B	Phase C
Line Current, Drive Running loaded			
Load Current, Drive Running loaded			
Load Current in Bypass (if applicable)			
DC BUS Voltage: Powered on but not running		DC BUS Voltage Measured Running at full load	

DC Bus Voltage Display		Motor Current Display	
Motor Torque Display		Motor Voltage Display	
Motor Speed Display		Unit Temp. Display	
Unit Nominal Power		Application Program	

End User Signature: By signing below you are stating you were the person onsite who personally checked the power and control wiring, powered up the VFD and motor, and completed all the checks on this form for the VSD Series Drive listed.

*Warranty extension is not available without onsite service by a certified person.
 4th and 5th year warranty extensions must be purchased as a VSS at the same time as the product.*

Signed: _____

Name (please print): _____

Date: _____



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