



# SYSTEM COMMISSIONING REQUEST

630 W Lake Street Chicago, IL 60661

From: \_\_\_\_\_

To: **Tom Craner**

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

Grand Stage Co.

Phone Number: \_\_\_\_\_

Phone Number (312) 332-5611

Fax Number: \_\_\_\_\_

Fax Number: (312) 332-3655

**Please fill out, sign and date, and fax back to 312-332-3655.**

Job Name: \_\_\_\_\_

Order Number: # \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Electrical Contractor: \_\_\_\_\_

Phone: \_\_\_\_\_

**CAUTION:** At NO time shall the system be energized prior to Grand Stage authorized personnel checkout. Grand Stage will not be liable for any damage that may occur and the system warranty may be voided. System commissioning will be contingent on Grand Stage's Credit Department approval. Please see Grand Stage's Terms and Conditions for further details.

**Minimum two weeks advance notice is required.**

Requested Checkout Date: \_\_\_\_\_

Please check the boxes below to confirm that:

- Arrangements have been made for access to ALL equipment.
- ALL control stations and receptacle stations have been installed and left exposed for inspection.
- ALL system inter-wiring is complete between dimmer cabinets and control stations. It has been checked for accuracy and continuity.
- ALL load lamps have been installed and ALL load circuits have been checked with the associated power feed for correct wiring.
- The system has been **cleaned** for customer acceptance and ALL dimmers have been unpacked and are ready to be installed in the dimmer rack(s).
- ALL necessary owners, representatives, and staff will be present for demonstrating and training at time of commissioning. **Please see specifications for requirements.**

**I hereby certify that the above conditions have been met and that the installation is complete. I understand that a PURCHASE ORDER will be required for additional visits resulting from an INCOMPLETE INSTALLATIONS.**

**CONTACT Grand Stage: (312) 332-5611**

Print name: \_\_\_\_\_

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

Position: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_