Submit by Email

Print Form

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			
Labeled		Labeled		Labeled		Labeled		**Battery Voltage:**	
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: _____