

Cooperative Light & Power
Grid-Connected Distributed Generation (DG) Systems
Commissioning/Anti-Islanding Test

Office Use Only
Account No. _____
Location No. _____

Updated: August 9, 2017

CLP is an equal opportunity provider and employer.

Member Name: _____

Service Address: _____ City/State/Zip: _____

Home Phone: _____ Mobile Phone: _____

DG System Information: Solar Wind **Name Plate:** _____ kW DC **System Size:** _____ kW AC

Inverter Make & Model: _____

Note: If this test is for a Solar DG System, it must be conducted during daylight hours to ensure that there is adequate solar potential to feed some power to the utility grid to conduct the test. If this test is for a Wind DG System, it must be conducted during a period of adequate wind speeds.

ELECTRIC UTILITY DG CHECKLIST:

- Utility has a signed DG Application on file.
- The main service panel cover contains a label explaining that **“This service panel may be energized by multiple sources: only authorized persons who are familiar with this System should attempt to perform service work on it.”**
- Locate the designated DG System circuit breaker and note size: _____ amp breaker.
- Flip the circuit breaker to **“ON”** to energize the AC side of the DG system.
- Locate the Interconnection Disconnect Switch and verify disconnect is lockable (capable of being locked in the open position by utility) with the proper labeling of this device along with the written procedure for correctly disconnecting the DG System from utility grid.
- Check measurements at the DG System Interconnection Disconnect Switch, which should be located near the electric meter:
 - Line Side: _____ VAC _____ AMPS
 - Load Side: _____ VAC _____ AMPS
- DG system is connected to the Load Side (bottom) of the disconnect switch and the “grid” is wired into the top of the switch.
- After the DG System has begun normal operation, place the Interconnection Disconnect Switch to the **“OFF”** or **“OPEN”** position to simulate a loss of central station power.
- Measure the AC voltage at lugs on the DG System side of the disconnect switch. **It must drop to ZERO within two seconds** once the switch is opened. If it **DOES**, the DG System has passed the **anti-islanding test**.
- Notes: _____

Please list the names and contact phone numbers of the installing contractors:

DG Installation Contractor:

Company: _____ Representative Name: _____
Address: _____ City/State/Zip: _____
Office Phone: _____ Representative Phone: _____

Electrical Contractor:

Company: _____ Representative Name: _____
Address: _____ City/State/Zip: _____
Office Phone: _____ Representative Phone: _____

Additional Contractor: (if applicable: _____)

Company: _____ Representative Name: _____
Address: _____ City/State/Zip: _____
Office Phone: _____ Representative Phone: _____

UTILITY DG SYSTEM CERTIFICATION

I certify that I have conducted, or observed, the anti-islanding test, and that the inverter responded as indicated when disconnected from Cooperative Light & Power’s distribution system. Furthermore, I have checked and verified the other items on this list, and designated with a check in the appropriate location affirming said specification.

CLP Representative

Name

Signature

Date

CLP Approved Contractor (if applicable)

Name

Signature

Date