

Test format for

Annexure- I

Issuance of certificate of fitness of solar power generation system (SPGS)

Reference number . :

Date . :

Consumer Name :

Consumer No :

Address :

Test for : New Connection / Periodic checking (✓the appropriate)

Details Of Solar PV Generator

Solar Module Model No.:	Make.:	No. of Modules :	Total Capacity :
		Individual Capacity :	
Inverter Details :	Make :	Model No.	
AC Capacity of Inverter (KW) :	GPS (Up To 6 Decimal Places) :		
Inverter Serial No.	SPGS with battery Backup : Yes /No (✓The appropriate) If Yes , Capacity Of Battery :		

The Performance / Functionality of the Inverter along with the solar PV Generator was Checked/Tested for the following parameters:]

a) Anti-Islanding Test (As per IEC 62116/ IEC 61727):

Voltage at the inverter terminal (with grid synchronised for testing purpose) : R-N :..... Y-N :..... B-N :.....

Voltage at inverter terminal after grid failure : R-N :..... Y-N :..... B-N :.....

Anti – Islanding (As per IEC 62116/ IEC 61727) : OK/ NOT OK (✓ the appropriate)

b) % THD In Voltage - Measured at Hours, during Load –off condition :

Permissible Voltage Distortion Limits (As per IEEE 519 :2014)	
Voltage Level	THD (%)
V<1.0 KV	8.0
1KV<V<=69KV	5.0
69 KV<V<=161 KV	2.5

Voltage Distortion				
Voltage Level :				
Condition	THD (%) Measured			
	R-N	Y-N	B-N	Overall
SPGS OFF				
SPGS ON				
As per IEEE-519: Ok/ Not Ok(✓ appropriate)				

Power generated by SPGS (as available in the inverter display panel / measured..... Watt

Current by SPGS (during SPGS ON without load) : Measured A ; Inverter display : A

c) Manual Isolation switch for battery backup system : Yes /No (✓the appropriate)

d) Other observations / Remarks (if any).....

e) Test Equipment Used :

Type :.....; Make:.....; Sl. No.:.....; Last Calibration details:.....

Test Carried out By Authorised Agency / Eligible Consumer Name :

Signature:

Encl :

a) Single line diagram schematic diagram (to be furnished by the customer) : Yes / No

b) Manufacturer's test certificates (to be furnished by the customer) : Yes/No

N.B. : Empanelled third party agency has carried out the test / The eligible consumer carried out the test in Presence of WBSEDCL's Representative .