



Sonnen Australia Pty Ltd
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Sonnen Australia – Commissioning Report

To validate and commence the product warranty a completed commissioning report along with key installation images must be submitted to sonnen Australia within 5 days of the completion of a sonnenBatterie system installation, please submit to: support@sonnen.com.au

1 Commissioning details		
Date of commissioning:	Sonnen system serial number:	Sonnen product type:

2 Details of system owner		
Surname, first name:	Street:	Town:
State:	Post code:	
Landline:	Mobile:	Email:

3 Details of system location (if different to location of system owner)		
Street:	Town:	State, Postcode:

4 Sales / retail company details		
Company:	Contact person:	Street:
Town:	State:	Post code:
Landline:	Mobile:	Email:

5 Installation company (if different to the sales / retail company)

Company:	Contact Person:	Street:
Town:	State:	Post code:
Landline:	Mobile:	Email:

6 Installer details

Name:	Company:	Accreditation number:
Mobile:	Email:	

7 VPP details

<input type="checkbox"/> Installation is part of a VPP	VPP Name:
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8 Vac Grid connection type

<input type="checkbox"/> Single Phase	<input type="checkbox"/> Split Phase	<input type="checkbox"/> 3-Phase	<input type="checkbox"/> Single Phase on 3-Ph connection
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9 Earthing topology

<input type="checkbox"/> TT	<input type="checkbox"/> TN-S	<input type="checkbox"/> TN-C-S	<input type="checkbox"/> TN-C (standard MEN earthing arrangement)
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10 Details of PV system

Total kWp of AC coupled PV system/s:	AC coupled PV connection phase <input type="checkbox"/> Single phase <input type="checkbox"/> Three phase
Total kWp of DC coupled PV systems:	Sonnen MPPT's used <input type="checkbox"/> MPPT 1 <input type="checkbox"/> MPPT 2 <input type="checkbox"/> Both

11 System details

Number of battery modules:	_____	<input type="checkbox"/> ODU1 <input type="checkbox"/> ODU2
System configuration:	<input type="checkbox"/> Single system	<input type="checkbox"/> Multiple sonnen systems
		<input type="checkbox"/> Series arrangement
		<input type="checkbox"/> Parallel arrangement
CT configuration:	<input type="checkbox"/> Grid Measurement	
	<input type="checkbox"/> Consumption Measurement	

12 Accessories details

sonnenProtect:	<input type="checkbox"/> Installed	<input type="checkbox"/> Commissioned & verified active
Backup-Box:	<input type="checkbox"/> Installed	<input type="checkbox"/> Commissioned & verified active
External IP55 Enclosure:	<input type="checkbox"/> Installed	<input type="checkbox"/> Commissioned & verified active
Z-Wave:	<input type="checkbox"/> Installed	<input type="checkbox"/> Commissioned & verified active
Sonnen Label kit:	<input type="checkbox"/> Installed	
Bollard, Mechanical protection:	<input type="checkbox"/> Installed	

13 Installation verification

Load test to check metering:	<input type="checkbox"/> Yes	<input type="checkbox"/> Verified compliant
MCB's installed for:	<input type="checkbox"/> sonnenBatterie Vac	<input type="checkbox"/> sonnen meter Vac
DNSP grid settings applied:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

14 Customer handover check list

<input type="checkbox"/>	System owner has been issued with user manual and all relevant / required documentation
<input type="checkbox"/>	System owner has had demonstrated the safe shut-down and start-up procedure
<input type="checkbox"/>	System owner has been given an explanation of the installed system components & accessories
<input type="checkbox"/>	System owner has had their user portal and/or App installed and explained to them
<input type="checkbox"/>	System owner has had the product and installation warranties explained to them
<input type="checkbox"/>	System has been installed in a location compliant with the installation manual & AS/NZS 5139
<input type="checkbox"/>	System is online, commissioned and working properly.

15 Electrician declaration

I confirm that my details are correct, and the system was installed by myself in accordance with all installation instructions.

Electrician name:	Electrician signature:	Date & location:

16 System owner declaration

I confirm that my details are correct

Owner name:	Signature:	Date & Location:

17 Notes: