milton hydro

Commissioning and Equipment Verification Report

Prior to an applicants distributed energy resource (DER) project being connected to Milton Hydro Distribution Inc’s (MHDI’s) distribution system, the applicant in working with MHDI must complete a Commissioning and Equipment Verification Report (Report) verifying the equipment is approved, tested with all A/C output inverters (or other A/C output devices) active, and suitable for connection.

The Applicant should submit their Commissioning Plan to MHDI at least 20 business days prior to the commissioning test date. The applicant should note that MHDI requires this Report to be signed and sealed by a Professional Engineer registered with the Professional Engineers of Ontario on the applicant’s behalf.

In addition to testing required on the part of the Applicant to satisfy other regulatory agencies, MHDI requires that Commissioning and Verification tests be performed per CSA C22.3 No. 9-20 “Interconnection of Distributed Resources and Electricity Supply Systems”, IEEE 1547 “Standard for Interconnecting of Distributed Resources with Electric Supply Systems” and The OEB Distribution System Code Appendix F.2 “Technical Requirements”.

This Report applies to DER projects greater than 10kW. Field testing portions of this report shall be conducted by qualified individuals hired by the applicant. Additionally, if required a Hydro One Teleprotection Verification Report (TVR)

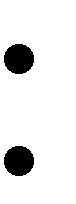
**Instructions for Completing this Report:**

 The applicant shall contact MHDI’s Engineering Tech and present their Commissioning Plan at which time MHDI’s Engineering Tech shall fill in the grey areas of Section 1 “General Site Information” and Section 2 “Contact Information” as send this Report to the Applicant.

 The Applicant shall complete Section 1 “General Information” and Section 2 “Contact Information”.

 During commissioning the Applicant will complete their portions of this Report after which MHDI will complete their portions of the same Report.

 In Section 3 “Equipment Verification and Testing” the Applicant shall indicate a result of Pass, Fail, or N/A. Where a result of Fail or N/A is applied the Applicant shall provide notes as to the reason.

White areas are to be completed by the Applicant.

Grey areas are to be completed by MHDI’s Engineering Tech or an MHDI representative.

 The Applicant shall record any deficiencies and resolutions of those deficiencies in Section 4 “Deficiencies and Resolutions”. Where no deficiencies are found the Applicant shall check the box at the bottom of Section 4.

MHDI’s Engineering Tech shall complete Section 5 “Electrical Safety, Site Access, and Agreements”.



 The Applicants and their representative (P.Eng.) shall sign where indicated in Section 6 of this Report, submit a completed report along with a Professional Engineers, and a copy of their own test reports 10 days prior to go-live date.

 MHDI’s Engineering Tech shall review the Report and once satisfied sign the Engineering Tech portion of Section 6 of this Report.

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| **1** | **General Site Information** | |
| Name of Applicant | |  |
| Name of Facility | |  |
| Proposed Energization Date | |  |
| MHDI D.G. Designation | |  |
| Transformer/ Distribution Station | |  |
| Feeder Name | |  |

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| **2** | **Contact Information** | |
| Applicant Contact | | MHDI Engineering Tech Contact |
| Name: | | Name: |
| Title: | | Title: |
| Tel. #: | | Tel. #: |
| Fax #: | | Fax #: |
| Email: | | Email: |

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| **3** | **Equipment Verification and Testing (Applicant)**  **(All inverters must be installed and working during commissioning tests)** | | |
| Results: P = Pass, F = Fail, N/A = Not Applicable | | | |
| Item to be Verified | | Result | Notes |
| Confirm output voltage of generator is no less than 7% below and no greater than 4% above nominal voltage (CSA C235-83, table 3) with clearing times per CSA C22.3 No 9-20. This shall be confirmed by monitoring voltage for 5 minutes with all inverters  active. | |  |  |
| Check Phase Rotation (Generator) | |  |  |
| Under Voltage Protection (IEEE 27) working | |  |  |
| Over Voltage Protection (IEEE 59) working | |  |  |
| Confirm frequency is operating in the range of  59.4Hz to 60.6Hz (CSA C22.3 No 9-20). This shall  be confirmed by monitoring frequency for 5 minutes with all inverters active. | |  |  |
| Under Frequency Protection (IEEE 81/O) working with clearing times per CSA C22.3 No 9-20 | |  |  |
| Over Frequency Protection (IEEE 81/U) working with clearing times per CSA C22.3 No 9-20 | |  |  |
| Maximum Harmonic Current Distortion is per CSA C22.3 No 9-20 | |  |  |
| Power Factor per OEB DSC Appendix F.2, item 4 | |  |  |
| All grounding is in accordance with the Ontario Electrical Safety Code at CSA C22.3 No 9-20 | |  |  |
| Instrument Transformers are functioning within manufacturer tolerance (CT’s/ PT’s) | |  |  |
| Confirm Protective Relays/ Circuit Breakers are calibrated and functioning correctly. | |  |  |
| All Protective Schemes and interconnecting devices relating to loss of utility power function correctly | |  |  |
| Field installed power and control wiring compliant with specifications | |  |  |

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| **3** | **Equipment Verification and Testing Continued (Applicant)**  **(All inverters must be installed and working during commissioning tests)** | | |
| Results: P = Pass, F = Fail, N/A = Not Applicable | | | |
| Item to be Verified | | Result | Notes |
| Confirm Islanding Detection (ID, Anti-Islanding) functions and removes all generation sources from grid upon simulated utility power outage. This shall be confirmed by a field test once all inverters are actively outputting A/C voltage and current into the distribution system. Steady state production shall be monitored for 5 minutes. After 5 minutes the line side A/C switch will be opened for 1 minute, then closed. During the simulated utility outage the inverters output shall be monitored to ensure they do not produce power during the outage and also do not start producing power immediately when utility power is restored. Grid dependent inverters should not actively produce power until 5 minutes after A/C power is restored. After the inverters begin producing power, monitoring of voltage, current, and  frequency shall continue for another 5 minutes. | |  |  |
| Monitoring Equipment that MHDI has remote access to functions correctly (where applicable) | |  |  |
| Confirm Transfer Trip (where applicable):   1. Ceases to energize the distribution system upon receiving a transfer trip signal, 2. Ceases to energize the distribution system upon transfer trip communication loss. | |  |  |
| Inverter and related equipment is Certified to UL1741, IEEE 1547, and CSA Standards | |  |  |
| Ensure that all active sources of power production (ex. inverters) are on site and working (to be completed by an independent Professional Engineer  hired by the applicant) | |  |  |
| Point Verification testing complete and all required data points are transmitted to MHDI during Dead-Zone testing (if applicable). | |  |  |
| Point Verification testing complete and all required data points are transmitted to MHDI during Live-Zone testing (if applicable). | |  |  |
| Applicants own testing records have been provided to MHDI. | |  |  |

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| **3** | **Equipment Verification and Testing (MHDI)** | | |
| Results: P = Pass, F = Fail, N/A = Not Applicable | | | |
| Item to be Verified | | Result | Notes |
| DG AC Disconnect is CSA/ ULC Approved, lockable, and accessible to MHDI staff | |  |  |
| Meter base/ cabinet specified was installed | |  |  |
| ESA warning label “DG SYSTEM DISCONNECT” affixed to AC Disconnect | |  |  |
| ESA warning label “WARNING TWO POWER PARALLEL SYSTEM” affix to meter base/ cabinet. | |  |  |
| Inverter bares Certification Organizations emblem. | |  |  |
| Confirm that communication to MHDI meter/SCADA is working (may require office/ OMS assistance)  Note: This check may occur following connection. | |  |  |

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| **3** | **Equipment Verification and Testing (Equipment Data)** | | | |
| **Applicant** | CT and PT Ratios for meter  (400A and up): | CT Ratio: PT Ratio: | | |
| Meter Reading after Commissioning Complete  (if applicable): | kWh | | |
|  | | | | |
| **Applicant** | Customer Step-up Transformer Size (kVA): |  | Transformer Impendence: |  |
| Transformer Manufacturer: |  | Manufactured  Date: |  |
| Transformer Serial Number: |  | | |
| Power Factor (>30kW, PF = ± 0.9): | o Leading o Lagging | | |
| Phase Rotation (from 0°): | R W B | | |

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| **4** | **Deficiencies and Resolutions** | |
|  | Deficiency | Resolution |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
|  | No Deficiencies were found at time of commissioning □(check) | |

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| **5** | **Electrical Safety, Site Access, and Agreements** | | |
| Item | | Received (check) | Date (yyyy/mm/dd) |
| If required for commissioning tests, ESA Temporary Connection Authorization per OESC 2-014 | |  |  |
| MHDI has received keys to access meter (where applicable) | |  |  |
| Letter from a Professional Engineer that is signed and sealed stating that the equipment and installation  meets CSA, ESA, and all other applicable industry Standards. | |  |  |
| MHDI has received copies of Applicants own commissioning and testing reports | |  |  |

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| **6** | **Completion of Report and Acceptance Sign-off’s** | |
| By signing this Report the Applicant and their Representative acknowledges that all required verifications on their part have been completed and that the Applicants generation facility meets or exceeds the minimum industry design Standards, Regulations, and Laws for such a facility connected to a distribution system in Ontario. | | Signature of Applicants Representative (must be a P.Eng.)  Name (Print):  Date (yyyy/mm/dd): |
| The applicant has submitted to MHDI copies of their own commissioning and testing reports that may be included with this or separate from this Report. | | Applicant’s Signature |
|  | | Date (yyyy/mm/dd): |
|  | | |
| MHDI’s Engineering Tech has reviewed the above Report and found the results and information provided to be acceptable to MHDI. The project may move forward towards connection subject to all approvals/ documentation being in order prior to connection. | | Signature of MHDI Engineering Tech Name (Print):  Title: |
|  | | Date (yyyy/mm/dd): |