

Commissioning Verification Form ($\leq 10\text{kW}$)

This Commissioning Verification Form (CVF) is required for Micro Embedded Generators applying for connection with Alectra Utilities. This document must be signed by the contractor or project electrician and the owner of the project.

Site Information

Project Address	
Reference Number (IESO or Other if applicable)	
AC Rating [kW] (ex. Inverter Rating)	
DC Rating [kW] (ex. Solar Array Rating)	

Commissioning Test Contact Information

Name	
Title	
Mailing address	
Telephone	
Email	

Commissioning Anti-Islanding Test:

a) Turn Off Utility-Side DG Disconnect:

Verification	Yes/No	Initials	Date	Comments
Did the inverter indicate a loss of the utility grid?				
After a loss of the utility grid, is there voltage on the output of the inverter?				
Did the inverter shut down as required?				

b) Turn On Utility-Side DG Disconnect:

Verification	Yes/No	Initials	Date	Comments
Did the inverter turn back on upon reconnection with the utility grid?				
Did the inverter return to its normal operating state?				

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Generator Protective Relay Settings:

Inverter type generators shall be compliant with CSA Standards, CSA 22.2 No. 107.1 “General use Power Supply” and CSA 22.3 No. 9-2020 “Interconnection of distributed energy resources and electricity supply systems” and bear a certification mark recognized by the Ontario Electrical Safety Code.

- In lieu of compliance with CSA 22.3 No. 9-2020 the inverter will be deemed acceptable if it achieves UL 1741 SA (2016 or later) certification

a. Over Frequency/Under Frequency Protection:

Table 1 - Over/Under Frequency Protection Set Points and Clearing Times

Frequency Range (Hz)	Clearing Time(s)
$f > 62$	0.16
$f > 61.2$	299
$f < 58.8$	299
$f < 57$	0.16

Source: CSA C22.3 #9:2020

b. Overvoltage/Undervoltage Protection:

Table 2 - Over/Under Voltage Protection Setting and Clearing Time

Voltage Range (% of base voltage)	Clearing Time(s)
$V < 50$	0.16
$V < 88$	2.00
$V > 110$	1.00
$V \geq 120$	0.16

Source: CSA C22.3 #9:2020

By signing this form, the commissioning test representative and the owner of the project acknowledge that all required verifications specified under this commissioning verification form have been completed and inverter equipment meets the applicable protection requirements outlined in the Generator Protective Relay Settings section of this document.

Signature of Commissioning Test Representative
(Must be the project contractor or project electrician)

Name (Print)

Title

Date

Signature of the owner of the project

Name (Print)

Date

Return the completed document by email to DER@AlectraUtilities.com

Alectra Utilities
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