

Company/Workshop		Your reference	
Purchase and mounting is done in relation to		<input type="checkbox"/> Delivery of new trailer	<input type="checkbox"/> Later assembling of trailer
		Mounting date	

Vehicle identity

Manufacturer/brand	Registration number
Manufacturing number	Owner/User

Voimasampo Identity

Serial number

Checkpoints

		Ok	Measure
1	Do an ocular inspection of the Voimasampo so that no damage has occurred.	<input type="checkbox"/>	<input type="checkbox"/>
2	Check that wiring for connection of Voimasampo have the right cable area, min 1,5 mm ² .	<input type="checkbox"/>	<input type="checkbox"/>
3	Check that the wiring is marked with the respective terminal number.	<input type="checkbox"/>	<input type="checkbox"/>
4	Check that both lighting circuits are connected to the electronics (terminal 4 and 6) to insure full charging capacity.	<input type="checkbox"/>	<input type="checkbox"/>
5	Check that the ground is connected to terminal 3.	<input type="checkbox"/>	<input type="checkbox"/>
6	Check that no external equipment is connected directly to the batteries.	<input type="checkbox"/>	<input type="checkbox"/>
7	Run test programs and check the values whit the truck connected, note the lighting must be on on the truck but the truck does not have to be running. Fill in the values below!	<input type="checkbox"/>	<input type="checkbox"/>
8	Check that the batteries is fully loaded upon delivery.	<input type="checkbox"/>	<input type="checkbox"/>
9	Check that the lid seal is undamaged.	<input type="checkbox"/>	<input type="checkbox"/>
10	Tightening screws to lids, use hand force – not machine, (5-6 Nm).	<input type="checkbox"/>	<input type="checkbox"/>
11	Check that all functions and operations work properly.	<input type="checkbox"/>	<input type="checkbox"/>
12	Check that all bolts are tightened.	<input type="checkbox"/>	<input type="checkbox"/>

Test program value

Code	Guidevalue	Code	Guidevalue	Code	Guidevalue	Code	Temperature	Code	Guidevalue
U 4	Min 24V	U 6	Min 24V	U 1	ca 25V	U t		xxA	>3A

Signatue your refelence

City and date	Signature
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