

**Type of Onsite Service Requested?**  System Startup  Troubleshooting/Programming  User Training

Project # (If Known): \_\_\_\_\_

Today's Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Is this a LEED Certified Project?  Yes  No Level:  Silver  Gold  Platinum

System Platform: (check all that apply)  nLight  LC&D  ROAM  Synergy

**Note:** General lead time is 12 business days upon review of this form and required SYSTEM INSTALLATION WORKSHEET(S). Email all forms to [Controls.Startups@AcuityBrands.com](mailto:Controls.Startups@AcuityBrands.com)

### 3 preferred dates for startup

Week of: \_\_\_\_\_ Preferred Day of the Week?  Mon  Tue  Wed  Thu  Fri

Week of: \_\_\_\_\_ Preferred Day of the Week?  Mon  Tue  Wed  Thu  Fri

Week of: \_\_\_\_\_ Preferred Day of the Week?  Mon  Tue  Wed  Thu  Fri

**Note:** System must be fully installed following the design specifications and installation instructions prior to the Factory Engineer's arrival. If the system is deemed not ready, a return trip is billable.

### Special Requirements:

Hard Hat  Steel Toed Boots  Safety Vest  Background Check  Drug Screening  Other: \_\_\_\_\_

**Note:** For Background Check & Drug Screening, please provide instructions and a copy of the contract documents showing requirements.

Working outside of normal business hours?  Yes  No

If yes, what are the required hours? (Additional charges may apply) \_\_\_\_\_

Are any items missing or damaged? (please list) \_\_\_\_\_

Other Remarks/Questions: \_\_\_\_\_

Electrical Contractor Company Name: \_\_\_\_\_

Foreman/Installer: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Project Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_