

**TO:** **FAX:**  
**PHONE:**

**FROM:** Service Coordinator **PHONE:** 864-574-8960 ext 5251  
**FAX:** 864-574-8062

**Re: Installation / Startup Checklist – Microcell / LCell on legged vessel**

**NUMBER OF PAGES INCLUDING COVER SHEET: 3**

If you have a problem receiving this transmission, please call sender 864-574-8960 ext 201. Thank you.

**-Confidentially Notice:**

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***Note:***

We appreciate this opportunity to fulfill your service needs. Using Kistler-Morse Start-up service will increase your Hardware's warranty from 1 year to 2 years.

A Kistler-Morse factory authorized Service Technician will provide the following:

- 1) **Drill and Tap silo legs / supports for mounting of Microcells / LCells at locations deemed appropriate by the Kistler-Morse application's team.**
- 2) **Install Microcells/LCells and covers**
- 3) **Terminate Microcell/LCell cables in KM junction boxes.**
- 4) **Set-up and configure all instrumentation.**
- 5) **Calibrate one Silo using customer-supplied material movement. On any additional Silo(s) the service technician will perform a manual calibration using a mathematical calculation from information provided on the customers Application Data Form and any additional customer supplied information. The customer will be responsible for completing the calibration. Phone support will be available if the customer requires assistance.**
- 6) **Provide training on system calibration during start-up for two of the customer's personnel.**

**If you have specific service requirements outside the scope of work listed above please contact Kistler-Morse to make the needed arrangements.**

The customer will complete and make available all items outlined in the Startup Checklist. Mount all weight indicators and junction boxes. Provide and install all conduit. Provide and install all junction box to indicator cabling.

We look forward to meeting your service needs.

Thank You



## Installation Checklist – Microcell / LCell on Legged Vessel

COMPANY	INDUSTRY
ADDRESS	CONTACT
CITY, STATE/PROVINCE, POSTAL CODE, COUNTRY	POSITION
TELEPHONE	FAX

Thank you for purchasing Kistler-Morse equipment. To ensure an effective start-up, you are responsible for having the site preparation completed, as outlined on the following page, prior to the arrival of the Kistler-Morse Service Representative. Once these items are completed, fax the completed form to 864-574-8062.

**Note: The completed checklist must be submitted to Kistler-Morse five business days prior to the scheduled service date as specified by the "Submit Date"**

### **Submit Date**

**Sign, date and fax this completed form no later than \_\_\_\_\_**  
**Attention Field Service Coordinator**  
**Kistler-Morse Fax – 864-574-8062**

### **Schedule Maintenance Personnel for Training.**

Two of your personnel may be trained during the start-up without adding significantly to the service technician's on-site time. If additional personnel request training during start-up, please contact Kistler-Morse Field Service Coordinator to make the appropriate arrangements.

### **Calibration for Weight Systems.**

For proper calibration at least 25% of the total material weight must be moved into or out of the vessel during the service visit. If moving material is not possible, a calculated manual calibration will be performed based on the information you provide to the Service Technician. At least one of your company personnel needs to be available for training on how to calibrate the system

If you have any questions regarding the items on this Checklist feel free to call our technical support department at 864-574-8960.

# Installation Checklist – Microcell / LCell on Legged Vessel

PLANT NAME	PLANT LOCATION
TELEPHONE	FAX

All equipment should be installed according to the instruction manual(s) supplied with the equipment (i.e.; dimensions, area suitability, mounting details). If you require clarification, contact Kistler-Morse Service Department at 864-574-8960 (US and Canada).

Completion Date	Completed (Check)	
_____	<input type="checkbox"/>	<b>Install.</b> Junction box and K-M electronics.
_____	<input type="checkbox"/>	<b>110 Vac.</b> AC power to the signal processor.
_____	<input type="checkbox"/>	<b>110 Vac.</b> Outlets accessible for power tools inside the silo(s) or within reach of an extension cord.
_____	<input type="checkbox"/>	<b>Lighting.</b> Adequate lighting is available, either permanent or droplights.
_____	<input type="checkbox"/>	<b>Interconnect Cable.</b> Connection between the KM supplied junction boxes and the signal processor, 3 conductor, 18 gauge (Belden 8791). To estimate quantity, start with an amount equal to the diameter of the silo multiplied times the number of data collection points (sensor mounting locations). Add the distance from the silo to the location where the signal processor will be mounted. Multiply by two. Repeat this equation for each silo being instrumented and add the results together.
_____	<input type="checkbox"/>	<b>Interface Interconnect.</b> Output relay wiring, current output wiring, serial data connections, or Allen-Bradley RIO cable in place.
_____	<input type="checkbox"/>	<b>Conduit; External to Silo.</b> Protection for cables and data integrity. Quantity is site dependent.
_____	<input type="checkbox"/>	<b>Work Permits; Company,</b> Local and Other Governing Agencies (as required).
_____	<input type="checkbox"/>	<b>Availability of Extension Cords, Ladders, Lights etc.</b>
_____	<input type="checkbox"/>	<b>Calibration.</b> Adding or removing an amount of material equivalent to at least 25% of the live load total material weight is available for calibration purposes.
		Name(s) of personnel to be trained: 1. _____ 2. _____

I, the undersigned, understand that if the Kistler-Morse Service Representative arrives on-site and any of the above items are not complete, we are responsible for payment of the visit, plus all subsequent charges incurred due to delays, billed at the standard daily rate. If a return visit is required to complete the start-up normal billing will apply as outlined in Kistler-Morse's North American Service Agreement. I authorize the invoicing of any additional charges that may result should this occur.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Position \_\_\_\_\_



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