



Prolink Installation Checklist

(Please read throughout this five page Checklist before installation or replacement.)
 (NOTE: Receipt of this Checklist will be required before payment of start-up fees and warranty.)

SITE:	Location: _____	Equipment Type: _____
	Address: _____	Model #: _____
	City: _____	Serial#: _____
	State: _____	Date Code: _____
	Phone: _____	Check Out/Start-up Date: _____

	Prolink Chassis Installation	Yes	No
1.	Have you ever attended the 'Prolink Installation' training class offered by RedJacket? Please provide RedJacket Technician No. _____		
2.	Was the unit mounted in a non-hazardous, temperature controlled area on a flat surface to avoid twisting of the Chassis and mis-alignment of board connections? (Should have mounted on plywood if wall surface was uneven.)		
3.	Was the unit powered by its own dedicated isolated circuit using a minimum of 16 ga. stranded wire in conduit from the electrical service panel to the Unit Chassis?		
4.	Was AC input power on the same electrical phase as all other fuel equipment at the site; particularly, with respect to the power feeding the enclosure and the pump control inputs and outputs?		
5.	Was there an earth ground wire installed per installation instructions?		
6.	Were knockouts in the chassis utilized for electrical conduit connections for both AC and intrinsically safe wiring? Was the intrinsically safe wiring run in isolated dedicated conduit?		

	Tank Card Installation, Mag or Sonic (N.A. _____ Indicate here with an 'X' if not installed and skip to 23.)	Yes	No
7.	Was RedJacket authorized and supplied cable used for all inventory probes? * Mag - RedJacket authorized and supplied cable includes printing on the jacket that indicates the style and allowable run length. * Sonic - RedJacket authorized and supplied cable includes the part number on the jacket. Longest Run Length: _____ Text on Jacket: _____		
8.	Were the required connector boards and housing assemblies used for all probe cable and field cable connections (Mag or Sonic?) If this is a replacement unit, have all the connections been inspected?		
9.	Were the connector board housing end cap plugs installed using a gas and oil resistant thread sealant with the seal compression fittings tightened around the cable to keep the moisture out?		



	Tank Card Installation, Mag or Sonic (Cont'd) (N.A. _____ Indicate here with an 'X' if not installed and skip to 23.)	Yes	No
10.	Were the desiccant packs and strain relief wire ties installed in the connector housing assemblies per the instructions?		
11.	If using one of the authorized RedJacket direct bury cables, was the saw cut sealed per installation instructions?		
12.	Was the correct size probe installed per tank diameter? If no , state reason on back!		
13.	Was the tank stuck for water and was the water level calibrated as part of the programming?		
14.	Was the tank stuck for fuel level and was the fuel level calibrated as part of the programming?		
15.	Were the cable terminations on the Prolink verified for proper tank channel assignments?		
16.	Were all the tank diameters and capabilities verified and all tank charts acquired?		

	Mag Network Card Installation (N.A. _____ Indicate here with an 'X' if not installed and skip to 19.)	Yes	No
17.	Were the probe floats installed in the correct order, (fuel float on top and water float on bottom), and are the probes installed on the bottom of the tank?		
18.	Was the metal of the probe electrically isolated from the tank and riser? (Plastic 'boot' was installed on the bottom of the probe.)		

	Sonic Network Card Installation (N.A. _____ Indicate here with an 'X' if not installed and skip to 23.)	Yes	No
19.	Is cable guide on hanger bracket loose enough to allow cable to slide through it easily and not allow the probe to hang by the cable? Probe must hang freely by the ball chain.		
20.	Is the Sonic probe hung with the Transceiver approximately 2" off the bottom of the tank? The Float Offset for the probe should be between 0.3" and 1.2". If replacement unit, remove probe and clean off any debris on face of transceiver.		
21.	Were at least three (3) rings submerged in the product, (28" minimum) and Surface Verified before installing and calibrating the probes?		
22.	If any offset hangers were installed, were the arms oriented such that the probes hang toward the center of the tank rather than the ends?		



Line Leak Detection (N.A. ____ Indicate here with an 'X' if not installed and skip to 29.)		Yes	No
23.	Was the correct wiring used as per specifications for each transducer?		
24.	Were the wire connections made in water proof epoxy packs with wire connectors totally immersed in epoxy or using connector boards and housings (preferred)?		
25.	Were the transducer wire terminations at the Prolink verified for proper sensor to channel assignments?		
26.	Was the adjustable functional element set to ~2 psi below pump run pressure? Indicate Seating Pressure for each: Line ____ _		
27.	Was a leak simulated in the line to verify shut down of the submersible pump?		
28.	Has the AC power been checked at both the inputs and outputs of the Pump Control Network Card to confirm that the dispenser handle signals and submersible relay coil signals are all in phase? (NOTE: This check must be made before any connections to the card and before powering up the Prolink!)		

Peripheral Sensor Installation (N.A. ____ Indicate here with an 'X' if not installed and skip to 32.)		Yes	No
29.	Was the correct wiring used as per specifications for each sensor type? If any discrepancy is noted, please make note of sensor type and wire used on back of form.		
30.	Were wire connections made in water proof epoxy packs with wire connectors totally immersed in epoxy? Did the epoxy harden? If not, replace epoxy pack!		
31.	Were sensors tested for proper operation to verify that alarm conditions were generated on the Prolink?		

Printer Installation (N.A. ____ Indicate here with an 'X' if not installed and skip to 34.)		Yes	No
32.	Was the battery backup enabled on the Serial Link (dip switch 1) and/or on the Serial Network Card (Jumper/Jumper Switch)?		
33.	Was the printer tested by initiating a printout to confirm proper programming and operation?		



Dispenser Card Install (TIMI, G-SITE) (N.A. ____ Indicate here with an 'X' if not installed and skip to 36.)		Yes	No
34.	Has the mapping of all the station nozzles and dispensers to the tanks been confirmed including any blend ratios? (TIM and TIMI - use the diagnostic port on the TIM to confirm complete station mapping.)		
35.	Have the sales been monitored with Pathway Plus after installation to confirm the proper accumulation of dispensed data for each grade? (Use the 'Status' dialog of the Dispenser for the TIMI and G-SITE Nodes to confirm.)		

Modem Communications (N.A. ____ Indicate here with an 'X' if not installed and skip to 40.)		Yes	No
36.	Was a RedJacket supplied and programmed modem used with the Prolink? List modem phone number: _____		
37.	Were the correct DIP switch settings used on the SLTA-10 for proper modem communications?		
38.	Was the unit dialed into remotely to verify proper modem operation? Did modem reset after disconnecting?		

On Site Training		Yes	No
39.	Has manager been instructed in the proper operation of this equipment?		
40.	Was a phone number posted to call for service?		
41.	Was the "Alarm and Quick Reference Guide" completed for all relevant cards and left on site?		
42.	Was the manager/site personnel instructed in the use of the "Alarm and Quick Reference Guide" and the "Printer Operation and Quick Reference Guide" as well as clearing alarms and resetting pumps, if applicable?		
43.	Did manager review the station status printout to select which items they wanted to include?		



PROLINK PROBE AND TRANSDUCER REGISTRATION FORM

Ultrasonic Probe

#	Serial Number (Located on Transceiver Block)	Model Number (Or Part Number)	Was Probe Cut Down?	If Yes, To What Ring?	Tank/Location
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Mag Probe

#	Serial Number (Located on Probe Head)	Model Number	Date Code	Tank/Location
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Pressure Transducers

#	Date Code (Located on Trans. Bottom)	Line/Location
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		



DISTRIBUTOR INFORMATION

Distributor: _____

Address: _____

City: _____ State: _____ Zip: _____

ATTEST

I certify that a complete and thorough test and inspection of the listed equipment (see page 1) has been performed.

AGREE: _____ DISAGREE: _____

I am completely satisfied with the quality and working condition of the listed equipment (see page 1)?

AGREE: _____ DISAGREE: _____

Technician: _____ Date: _____

Owner/Representative: _____ Date: _____

IMPORTANT: In an effort to ensure proper programming and installation; RedJacket has included a floppy disk in order to review critical installation information. Please be sure to save a copy of the "SITE SETUP" on the floppy disk as well as "ULTRASONIC DIAGNOSTICS", if applicable. This disk will provide RedJacket with all serial numbers for proper warranty administration.

Be sure to save these reports after all start-up functions are complete. Failure to return the disk with all information will delay or prevent payment of start-up fees. Please be sure to return the floppy disk along with the five page "INSTALLATION CHECKLIST" to:

Red Jacket Warranty Department
500 East 59th Street
P. O. Box 3888
Davenport, IA 52808
(563) 391-8600