

## TECHNICAL ASSISTANCE REQUEST

Filling in of the following fields is **mandatory** to process the technical assistance request.

REASON OF THE REQUEST	KIND OF DEVICE
<input type="checkbox"/> PREVENTIVE MAINTENANCE	
<input type="checkbox"/> CORRECTIVE MAINTENANCE (total or partial downtime)	
<input type="checkbox"/> COLD COMMISSIONING	
<input type="checkbox"/> HOT COMMISSIONING	
<input type="checkbox"/> OTHER (specify)	

TYPE OF REQUEST	
<input type="checkbox"/> REMOTE ASSISTANCE SERVICE (HELP DESK)	<input type="checkbox"/> ON-SITE INTERVENTION

COMPANY THAT REQUIRES THE TECHNICAL ASSISTANCE (CUSTOMER)				
Reseller **				
Company				
Name and Surname				
Address			N° *	
City		Post code	Province / State	
Telephone		Mobile		
E-MAIL				
VAT No / Tax Number / Registration Number				
No. of Service Contract (if any)				

DATA OF SITE OR FACILITY WHERE THE PRODUCT IS INSTALLED				
Company				
Name and Surname				
Address			N°	
City		Post code	Province / State	
Telephone		Mobile		
E-MAIL				
Commissioning Date				

**(\*\*)** This information should be filled in only if the product was not purchased directly from Ingeteam S.r.l. (in which case you must attach to the form the paid invoice/purchase receipt issued by the retailer to verify the validity of warranty terms).

PERSON APPOINTED BY THE CUSTOMER FOR THE SAFETY AND THE PROTECTION OF THE HEALTH (HSE RESPONSIBLE)			
Name and Surname			
Telephone		Mobile	
E-mail			

The following fields must be filled in case it is necessary to send materials and/or spare parts to the installation site on the basis of instructions received from Ingeteam personnel.

ADDRESS FOR SENDING ANY MATERIALS THAT MAY BE NECESSARY				
Company				
Address			N°	
City		Post code		Province / State
Telephone		Mobile		

MATERIALS TO BE SENT			
CODE	QTY	DESCRIPTION	NOTES

**Indicate the type of Rate requested for the technical intervention:**

<input type="checkbox"/> <b>HOURLY RATE</b> <sup>(1)</sup>		
<input type="checkbox"/> <b>FLAT RATE</b> <sup>(1)</sup>		
<input type="checkbox"/> <b>INTERVENTION INCLUDED IN THE CONTRACT No</b> <sup>(2)</sup>	<b>O.C.</b>	

**(1)** A rate must be marked confirming awareness of what may be applied in the invoice for the activities carried out in accordance with the technical assistance rates in force at the time of the request.

**(2)** Indicate the Order Confirmation or Contract number (C.O.) if the required service is already included and/or paid in previous or in force Agreements with INGETEAM. Any extra working days/hours and related expenses due to causes not imputable to Ingeteam shall be charged to the Customer and invoiced in accordance with the technical assistance rates in force at time of the request.

**Indicate the number of technicians required:**

<b>NUMBER OF TECHNICIANS REQUIRED</b> <sup>(3)</sup>	
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**(3)** Ingeteam personnel will supply indications of the number of technicians needed on the basis of the size and type of Photovoltaic system, the type of activity requested and the availability or otherwise of skilled operators nominated by the Customer.

Should there be no skilled operator nominated by the Customer, at least two (2) Ingeteam technicians will be necessary.

The Customers is fully responsible for the predisposition of the sites in accordance with local safety regulation along with the necessary measures to ensure safety and to protect the health of the staff employed. In particularly when a work or movement exposes any worker to a fall of 3 metres or more a fall arrest system must be installed on behalf of the Customer. Ingeteam personnel will only work in full compliance with these regulations.

The Customer confirms that he has received and understood the methods of carrying out the service.

The Customer also states that he will take the necessary actions to permit both access and work within the installation site of the plant in compliance with the safety regulations in force. If these safety regulations should not be fulfilled the Ingeteam technicians will not carry out the intervention and the days/hours and related expenses will be charged to the Customer.

All payments shall be honoured by me according to the terms and conditions agreed with Ingeteam S.r.l.

Date .....(day) /.....(month) /.....(year)

CUSTOMER's stamp and legible signature for acceptance

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## INGETEAM TECHNICAL ASSISTANCE RATES

HOURLY RATE		
CODE	GENERAL CONDITIONS – CARRYING OUT OF SERVICES	RATES
000216	For all hours of operational service	100.00 EUR
000217	For all hours of travel and/or idle waiting	77.00 EUR
000218	For all hours of overtime	117.00 EUR
000219	Transfer for each day away from headquarters on the Customer's behalf	100.00 EUR
000221	Living expenses (lunch, dinner, lodging, etc.)	Expenses sheet
001136	Further expenses (Airtfares/other fares, car hire, materials etc.)	Expenses sheet
000220	Mileage (including motorway tolls)	0.85 EUR per Km.
DAILY RATE		
CODE	GENERAL CONDITIONS – CARRYING OUT OF SERVICES	RATE
001137	For all hours of operational service and for all hours of travel and/or idle waiting (maximum 8 working hours and in any case no more than 12 hours overall)	1,100.00 EUR
001136	Further expenses (Airtfares/other fares, car hire, materials etc.)	Expenses sheet

The Prices indicated above are valid for the 2018 and will be updated annually according to the local CPI for Industrial Products Index and Consumer Price Index or CPIs related to the service / product offered.

The Price is net does not include VAT, charges, or expenses of any kind, without the possibility of deductions. Net prices. VAT excluded.

The transfer costs will be always referred to the nearest INGETEAM Service Centre with respect to the installation site, unless there is a need to intervene with staff from INGETEAM main office for reasons of technical expertise or/and with another INGETEAM Service Centre because of unavailability at the nearest centre of the installation site.

The daily rate is per person per day (normal daily working hours are 08.30 to 17.30).

Italy, January 2018

LIST OF COMPONENTS ON WHICH IS REQUESTED THE TECHNICAL ASSISTANCE

TYPE/MODEL	SERIAL NUMBER	BRIEF DESCRIPTION OF REQUEST FOR INTERVENTION

Registered at the Chamber of Commerce, REA no.: RA-190150, VAT Code and Fiscal Code 02306720398

To be filled one for each inverter

Incident date:

Inverter serial number:

Inverter uptime: Less than 1 day  >1 day and < 1 week  >1 week and < 1 month  >1 month and <1 year  >1 year

## VERIFICATIONS BEFORE INVERTER DISCONNECTION

### THREE-PHASE SOLAR INVERTER

Frequency of error:  Constant  Sporadic

Frequency:

Working display:  YES  NO

#### LED INDICATORS:

COLOUR	OFF	FLASHING			ON
		0.5s	1s	3s	
GREEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORANGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### DISPLAY:

ERROR COM message:  YES  NO

#### Alarm codes (Monitoring):

Alarm	<input type="text"/>
Code 1	<input type="text"/>
Code 2	<input type="text"/>

Comments: