



Dent Power Scout (PS) or Dent Instruments Series metering (DI) Submetering / Energy Management System Start-Up Checklist for High Density Metering.

The following items must be COMPLETED AND INITIALED by the appropriate party before a technician can scheduled and perform remote configuration and startup of the metering system. If the following items are not completed/initialed before the final checkout and startup, CHARGES WILL BE ASSESSED based on daily service rates.

- | | Complete | Initials |
|---|--------------------------|----------|
| 1. All Smart Meters (Modbus or BacNET) must be installed and operational. | <input type="checkbox"/> | _____ |
| 2. Smart meters must be cabled within 500 feet of any IDR, Edge Controller, PC, Server, Router, Switch, or Optergy Proton WebMon, | <input type="checkbox"/> | _____ |
| 3. All RS-485 meter and EMS cabling must be run and installed properly (Verify no more than 50 meters/devices per RS485 Serial network TIA Standards) | <input type="checkbox"/> | _____ |
| 4. RS-485 communication cables installed must be straight thru daisy-chain and properly "wrung out" by installer to ensure meter network communication integrity. | <input type="checkbox"/> | _____ |
| 5. All RS-485 networks communication cabling shall not exceed 4000 feet | <input type="checkbox"/> | _____ |
| 6. The SPECIFIED modem/LAN connections, Static Public IP address, VPN, or any other means of accessing the submeter system remotely must be installed and operating. | <input type="checkbox"/> | _____ |
| 6a. As an alternate to 6 above, End-User or Installer may download Teamviewer for remote commissioning, training and support or Wireless Static IP Modem. https://www.teamviewer.com/en-us/download/windows | <input type="checkbox"/> | _____ |
| 7. Forms #A-E below must be completed by the owner/installer and sent to TBWC. | <input type="checkbox"/> | _____ |
| 8. A copy of the facility utility bill has been sent along with the completed forms. Send to jay@submeterservicesolution.com so appropriate rate schedules or flat rate may be configured. . | <input type="checkbox"/> | _____ |

NO WORK CAN BE PERFORMED BY NEMG OR ITS REPRESENTATIVES UNTIL ALL OF THE ABOVE ITEMS ARE COMPLETED BY THE OWNERS CONTRACTOR.

THIS SHEET (AND ATTACHED FORMS) MUST BE SIGNED AND RETURNED BY E-MAIL TO JAY AND SERVICE DEPARTMENT REQUIRES TWO WEEKS AFTER RECEIPT OF ALL COMPLETED SIGNED FORMS TO PREPARE FOR FINAL CHECKOUT AND STARTUP OF THE SYSTEM.

Name: (print) _____ Signature: _____

To avoid scheduling delays all forms must be returned complete along with utility bill to Attn: Startup Service, email: joconnor@northeastmarketing.com or forward to Metering representative:

Have questions? Contact S.S.. tech support Monday through Friday 8:00AM to 5:00PM PST: (508)326.2708

Submeter / EMS Start-Up Detail

Form #A – Address Information

To be completed by the Electrical Contractor and End User to identify the following:

- (a) Name and address of installed equipment (SITE LOCATION)
- (b) Name and address of End User (END USER INFORMATION)
- (c) Name and address of the installer (INSTALLER)
- (d) Purpose of the system (APPLICATION); for example, tenant billing, load profiling etc.
- (e) Distributor Purchase Order Number

A. SITE LOCATION (If multiple site locations, please include a list of each site address.)

Building Name:		
Company Name:		
Address:		
City/State/Zip:		
Contact Name:		Title:
Phone:	Fax:	E-Mail:

B. END USER INFORMATION

Building Name:		
Company Name:		
Address:		
City/State/Zip:		
Contact Name:		Title:
Phone:	Fax:	E-Mail:

C. INSTALLER INFORMATION

Building Name:		
Company Name:		
Address:		
City/State/Zip:		
Contact Name:		Title:
Phone:	Fax:	E-Mail:

D. APPLICATION: _____

JOB SITE CONDITIONS: Construction Finished Office Other

Special Notes/Comments: _____

E. Distributor Purchase Order number (if applicable for Day of Service): _____

To avoid scheduling delays these forms must be filled out completely!

Submeter / EMS Start-Up Detail

Form #B – Communications Info

To be completed by the End User

This form should be completed by the end user to ensure our meter reading team can remotely access the metering equipment. This form also allows us to recommend any needed changes before the final startup and software training.

1. Communication Method: Ethernet _____ Service Provider _____

2. Communication Information

a. For Ethernet (LAN or WAN) connections, specify the following information.

If multiple locations, list each one separately. **Note: All IP addresses must be static and a TCP port must be configured and open to all routers or switches.**

Meter Location	Meter TCP/IP	Mask	Gateway

To avoid scheduling delays these forms must be filled out completely!

Submeter / EMS Start-Up Detail

Form #C – Utility Rate Structure

To be completed by the End User

If multiple rate structures apply, complete one form for each structure.

This form should be completed by the end user to specify the parameters in which the system will calculate demand and the manner in which meter data will be stored. Refer to your utility bill to complete this form.

If you are not familiar with how your utility bill is structured, please check the box at the bottom of this page and attach a copy of your latest utility bill.

The setup on this form applies to:

Optergy Proton: All Meters on system
 Optergy Enterprise: Meters & PC/Server Specified

1. Peak demand calculation (choose one for each)

- a. Peak demand interval: 15 Min (default) 30 Min 60 Min
- b. Demand sliding window: 5 Min 15 Min (default) Reset
- c. Demand window sync: Internal (default) External

2. Profile Information (choose one for each)

- a. Profiling sample rate: 5 Minutes (36 days of data storage)
 15 Minutes (72 days of storage) (default)
- b. Collection mode: Flip (keep most recent data) (default)
 Fixed (stop when storage is full)

Don't know (copy of utility bill is attached)

Duplicate utility bill – set up system to replicate utility bill, i.e. periods, rates, etc. Check all that apply below.

Include tax
 Include service fee
 Include other _____

Use flat rate: _____

Other Notes/Comments: _____

Submeter / EMS Start-Up Detail

Form 48 PS48 High Density Smart Meters RS-485 Serial or IP Networks

PAGE # ___ (To be completed by the Installing Electrical Contractor)

This form should be completed by the installer (with input by the end user) to supply the necessary meter information REQUIRED to complete the final checkout and startup. Your metering database is created from the information on these for meters/. Forms are available in Excel / CSV file format upon request

DI-MMU16: CT Meter Schedule

LOAD / CKT ID

Ref. DI-HD #: _____

DI-HD HIGH DENSITY SMART METER

Meter Name: _____

Job Name: _____

Model Number: DI-MMU16- _____

Serial Number: _____

Physical Location: _____

Date Commissioned: _____

IP/Slave Address: _____

08/26/22

Meter ID: A		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 1		
CH2	CT 2		
CH3	CT 3		

Meter ID: B		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 13		
CH2	CT 14		
CH3	CT 15		

Meter ID: C		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 25		
CH2	CT 26		
CH3	CT 27		

Meter ID: D		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 37		
CH2	CT 38		
CH3	CT 39		

Meter ID: E		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 4		
CH2	CT 5		
CH3	CT 6		

Meter ID: F		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 16		
CH2	CT 17		
CH3	CT 18		

Meter ID: G		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 28		
CH2	CT 29		
CH3	CT 30		

Meter ID: H		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 40		
CH2	CT 41		
CH3	CT 42		

Meter ID: I		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 7		
CH2	CT 8		
CH3	CT 9		

Meter ID: J		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 19		
CH2	CT 20		
CH1	CT 21		

Meter ID: K		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 31		
CH2	CT 32		
CH3	CT 33		

Meter ID: L		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 43		
CH2	CT 44		
CH3	CT 45		

Meter ID: M		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 10		
CH2	CT 11		
CH3	CT 12		

Meter ID: N		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 22		
CH2	CT 23		
CH3	CT 24		

Meter ID: O		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 34		
CH2	CT 35		
CH3	CT 36		

Meter ID: P		Ref: _____	
Voltage Input: 1		V = _____	
Channel	Amps	Phase	Circuit
CH1	CT 46		
CH2	CT 47		
CH3	CT 48		

CT QTY

100A-CT = _____
200A-CT = _____
400A-CT = _____

LEFT SIDE

Voltage Reference	
Input 1	Input 2

Single-φ: 120/240/208V
3-φ: 208/240/277/480V

RIGHT SIDE

CT QTY

800A-CT = _____
1200A-CT = _____
5000A-FRCT = _____

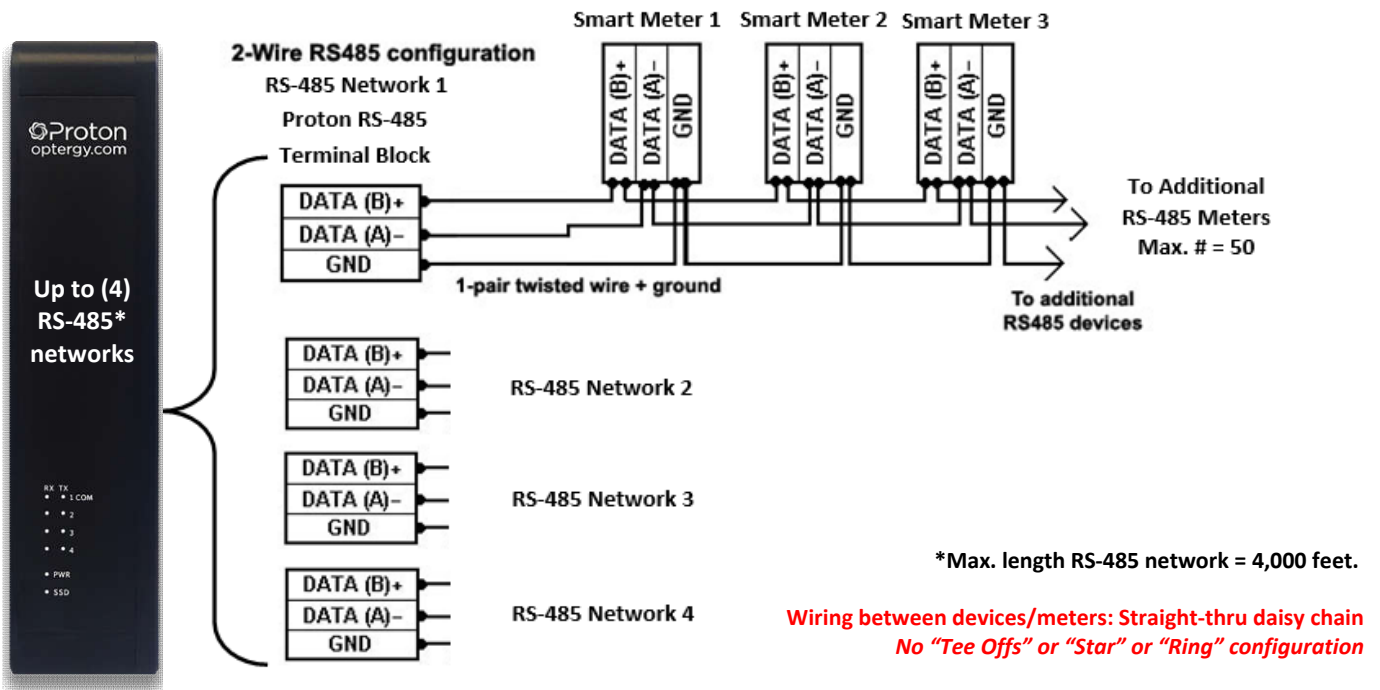
Submeter / EMS Start-Up Detail

Form #H – Submeter EMS Network OPTERGY PROTON / ENTERPRISE

To be completed by the Installer or End-User

If multiple RS-485 networks apply, complete one form for each structure.

This form should be completed by either the installer or end user to specify the pathway of the RS-485 daisy-chain communications network. Example of Optergy Proton RS-485 networks shown below:



RS -485 Meter Network Layout (Sketch)
(Include Static IP Detail for Customer supplied Router / Switch)

Also please include any 864 Edge controllers as well.