

Commissioning Protocol

1 General Information

Customer

Name _____
Street _____
ZIP Code, Town _____

Commissioning Company

Name _____
Street _____
ZIP Code, Town _____

2 Wallbox

<input type="checkbox"/> ID.Charger <input type="checkbox"/> ID.Charger Connect <input type="checkbox"/> ID.Charger Pro	<input type="checkbox"/> ŠKODA iV Charger <input type="checkbox"/> ŠKODA iV Charger Connect <input type="checkbox"/> ŠKODA iV Charger Connect+	<input type="checkbox"/> SEAT Charger <input type="checkbox"/> SEAT Charger Connect <input type="checkbox"/> SEAT Charger Pro
<input type="checkbox"/> Audi Wallbox <input type="checkbox"/> Audi Wallbox plus <input type="checkbox"/> Audi Wallbox pro	<input type="checkbox"/> CUPRA Charger <input type="checkbox"/> CUPRA Charger Connect <input type="checkbox"/> CUPRA Charger Pro	<input type="checkbox"/> Elli Charger <input type="checkbox"/> Elli Charger Connect <input type="checkbox"/> Elli Charger Pro

Serial No. *) _____ *) as on Back-Assembly
Article No. _____
Meter Value (in kWh) _____ N/A

3 Used Testing Equipment

Manufacturer _____
Type of Device _____
Serial No. _____

4 Basic Installation Check

Test	Yes	No	Remark
PE and (local) earthing complete and properly installed, incl. equipotential bonding rail	<input type="checkbox"/>	<input type="checkbox"/>	
Phase alternation has been considered and possible imbalance minimized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A

5 Upstream Installation

- Upstream installation for wallbox done by commissioning installation partner

Upstream installation for wallbox done by customer or other party
(please attach existing protocols and documentation)

Grid Type	<input type="checkbox"/> TT	<input type="checkbox"/> TN-S	<input type="checkbox"/> TN-C	<input type="checkbox"/> TN-C-S	<input type="checkbox"/> IT
Phases	<input type="checkbox"/> Single-Phase		<input type="checkbox"/> Three-Phase		
Upstream Protection (Type and Rating)	RCD				
	MCB				
	SPD				
max. Current available for the Wallbox (in A)			Mains Cable Cross Sections (in mm ²)		

6 Current Sensors

Manufacturer	<input type="checkbox"/> not installed
Modell	
Serial Number	
Point of Installation	
Max. Current at Place of Installation (in A)	

7 Electric Testing of Wallbox

Test	Measurement	Limit	Value			
Grid Voltages U_N	L1 - N	230 V \pm 10%				
	L2 - N	230 V \pm 10%				
	L3 - N	230 V \pm 10%				
Line Voltages rotating clockwise?	-	-	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Rel. Voltage Drop in Limits? (From Grid Mains until Wallbox)	-	< 5 %	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Continuity of Ground R_E	Plug to Mains	$\leq 1 \Omega$				
Insulation without Load	L1 - PE / N	> 1 M Ω	PE		/ N	
	L2 - PE / N	> 1 M Ω	PE		/ N	
	L3 - PE / N	> 1 M Ω	PE		/ N	
	N - PE	> 1 M Ω				
	L1 - L2	> 1 M Ω				
	L2 - L3	> 1 M Ω				
	L3 - L1	> 1 M Ω				
Residual Current Detection <i>AC Characteristic</i>	Tripping Current $I_{\Delta N, AC} = 30 \text{ mA}$	$\leq 30 \text{ mA}$				
	Tripping Time $1 \times I_{\Delta N, AC}$	$\leq 300 \text{ ms}$				
	Tripping Time $5 \times I_{\Delta N, AC}$	$\leq 40 \text{ ms}$				
Residual Current Detection <i>DC Characteristic</i>	Tripping Current $I_{\Delta N, DC} = 6 \text{ mA}$	$\leq 6 \text{ mA}$				
	Tripping Time $1 \times I_{\Delta N, DC}$	$\leq 10 \text{ s}$				
Fault Loop Impedance Z_s	TN-Grid $I_a =$ Tripping Current RCD or MCB	L1 - PE	$\leq U_N / I_a$			
		L2 - PE	$\leq U_N / I_a$			
		L3 - PE	$\leq U_N / I_a$			
	TT-Grid $I_{\Delta N, AC} =$ Tripping Current RCD	L1 - PE	$\leq 50 \text{ V} / I_{\Delta N, AC}$			
		L2 - PE	$\leq 50 \text{ V} / I_{\Delta N, AC}$			
		L3 - PE	$\leq 50 \text{ V} / I_{\Delta N, AC}$			
		N - PE	$\leq 50 \text{ V} / I_{\Delta N, AC}$			
Loop Impedance Z_L	TN-Grid $I_a =$ Tripping Current RCD or MCB	L1 - N	$\leq U_N / I_a$			
		L2 - N	$\leq U_N / I_a$			
		L3 - N	$\leq U_N / I_a$			
	TT-Grid $I_{\Delta N, AC} =$ Tripping Current RCD	L1 - N	$\leq 50 \text{ V} / I_{\Delta N, AC}$			
		L2 - N	$\leq 50 \text{ V} / I_{\Delta N, AC}$			
		L3 - N	$\leq 50 \text{ V} / I_{\Delta N, AC}$			
		N - N	$\leq 50 \text{ V} / I_{\Delta N, AC}$			

8 Visual and Functional Verification

Test	Okay	Not Okay	Remark
Wallbox is not blocking any walk- or doorway	<input type="checkbox"/>	<input type="checkbox"/>	
Wallbox has enough clearance for comfortable usage and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	
Mounting of Wallbox to the wall according to manual	<input type="checkbox"/>	<input type="checkbox"/>	
Wallbox Housing is without damage	<input type="checkbox"/>	<input type="checkbox"/>	
Wallbox is clean on the outside as well as on the inside	<input type="checkbox"/>	<input type="checkbox"/>	
Charging cord without damage	<input type="checkbox"/>	<input type="checkbox"/>	
No water or extensive humidity inside of wallbox	<input type="checkbox"/>	<input type="checkbox"/>	
All wires inserted, lengthened, and connected properly and acc. to manual	<input type="checkbox"/>	<input type="checkbox"/>	
Wallbox assembled correctly, including proper positioning of seals and glands	<input type="checkbox"/>	<input type="checkbox"/>	
DIP Switches set according to local installation & manual	<input type="checkbox"/>	<input type="checkbox"/>	
Internet communication interfaces build up properly (Ethernet, WiFi, LTE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
Internet connectivity of wallbox established (via Configuration Page)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
All LEDs working correctly – according to manual	<input type="checkbox"/>	<input type="checkbox"/>	
(Test) Charging session successful and LEDs showing respective statuses	<input type="checkbox"/>	<input type="checkbox"/>	
RFID Authorization working correctly and set to customer's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> N/A
(External) RCD testing button working properly	<input type="checkbox"/>	<input type="checkbox"/>	
Customer has been introduced to wallbox & manual handed over	<input type="checkbox"/>	<input type="checkbox"/>	

9 Results and Notes

Result	Yes	No
All testing, inspection, and validation has been conducted.	<input type="checkbox"/>	<input type="checkbox"/>
Faults have been found.	<input type="checkbox"/>	<input type="checkbox"/>
Faults have been resolved successfully.	<input type="checkbox"/>	<input type="checkbox"/>
Wallbox has been labeled with inspection tag.	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Date of Commissioning	<hr/>
Next Inspection due	<hr/>
Name of Installer	<hr/>
Signature of Installer	<hr/>
Signature of Customer	<hr/>