****** AT LEAST, DARK BOXES MUST BE FILLED BEFORE DELIVERING EQUIPMENT TO REPAIR ******

| lasatas | Contract normany |
|---|--|
| Ingeteam | Contact person: Contact phone number: |
| | |
| Customer incident number : | |
| Incident date: | Installation Data: |
| | Name: Address: |
| Inverter serial number: | Number of equipments, models and powers: |
| Installer company: | |
| | |
| Inverter uptime: Less than 1 day > 1 da | ay and < 1 month > 1 month and < 1 year > 1 year |
| VERIFICATIONS B | EFORE INVERTER DISCONNECTION |
| INGECON SUN LITE | THREE-PHASE SOLAR INVERTER |
| | Frequency of error Constan Sporadic |
| Frequency of error Constan Sporadic | Frequency |
| | |
| Working display YES NO | Working display YES NO |
| LED INDICATORS: | LED INDICATORS - Indicatori di luce: |
| COLOUR OFF FLASHING | ON COLOUR OFF FLASHING ON |
| 0.5 s 1 s 3 s | SLOW FAST |
| GREEN | GREEN ORANGE |
| ORANGE RED | RED |
| | |
| DISPLAY: ERROR COM message | DISPLAY: YES NO |
| Alarm codes (Monitoring): | Stop reason (Monitoring) : |
| Alarm | Stop reason 1 |
| Code 1 | Stop reason 2 Stop reason 3 |
| Code 2 | Stop reason 3 |
| Comments: | Stop reason 5 |
| | Comments / Commenti: |
| | |
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| | |
| Shipment address after repairing | |

| Company name | |
|------------------|------------------------|
| Shipment address | County/District/State |
| City | ZIP code |
| Contact person 1 | Contact phone number 1 |
| Contact person 2 | Contact phone number 2 |