

CENTRAL SYSTEM DATA REQUEST

1) INPUT VOLTAGE

- | | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| SINGLE PHASE (2 wire + ground) | 120VAC <input type="checkbox"/> | 208VAC <input type="checkbox"/> | 277VAC <input type="checkbox"/> | 347VAC <input type="checkbox"/> |
| SINGLE PHASE (3 wire + ground) | 120/240VAC <input type="checkbox"/> | | | |
| THREE PHASE (4 wire + ground, Y) | 120/208VAC <input type="checkbox"/> | 277/480VAC <input type="checkbox"/> | 347/600VAC <input type="checkbox"/> | |
| THREE PHASE (3 wire + ground, Δ) | 208VAC <input type="checkbox"/> | 480VAC <input type="checkbox"/> | 600VAC <input type="checkbox"/> | |

2) OUTPUT VOLTAGE

- | | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|---------------------------------|
| SINGLE PHASE (2 wire + ground) | 120VAC <input type="checkbox"/> | 208VAC <input type="checkbox"/> | 277VAC <input type="checkbox"/> | 347VAC <input type="checkbox"/> |
| SINGLE PHASE (3 wire + ground) | 120/240VAC <input type="checkbox"/> | 120/277VAC <input type="checkbox"/> | | |
| THREE PHASE (4 wire + ground, Y) | 120/208VAC <input type="checkbox"/> | 277/480VAC <input type="checkbox"/> | 347/600VAC <input type="checkbox"/> | |

3) SYSTEM CAPACITY

KVA rating: _____

- a) Please consider total power consumption of the complete fixture, not just the lamp wattage
- b) Even if the systems can run with 100% load, it is recommended as standard practice to use a system with a capacity at least 20% over maximum connected load

4) RUNTIME

- 30 minutes 60 minutes 90 minutes 120 minutes
- Other _____

5) TYPE OF LOADS

- Incandescent Fluorescent L.E.D.
- Others _____

6) MODE OF OPERATION

- Normally ON (24/7) Normally OFF (emergency only)

7) OUTPUT CIRCUIT BREAKERS

- | | | | | | |
|---------------|------------|------------------|--|---|-------------------------------------|
| # of CB _____ | Amps _____ | # of poles _____ | Normally "On" <input type="checkbox"/> | Normally "Off" <input type="checkbox"/> | Trip alarm <input type="checkbox"/> |
| # of CB _____ | Amps _____ | # of poles _____ | Normally "On" <input type="checkbox"/> | Normally "Off" <input type="checkbox"/> | Trip alarm <input type="checkbox"/> |

8) OPTIONS (REFER TO AVAILABLE OPTIONS FOR EACH SYSTEM TYPE)

- | | |
|--|--|
| <input type="checkbox"/> (-A) 12 Hour Fast Recharge | <input type="checkbox"/> (-K) Anchor Mounting Kit |
| <input type="checkbox"/> (-C) Remote Summary Alarm Panel | <input type="checkbox"/> (-L) Drip Shield |
| <input type="checkbox"/> (-E) Output Trip Alarm | <input type="checkbox"/> (-M) Second Output Terminal Block |
| <input type="checkbox"/> (-G) Inverter On Dry Contacts | <input type="checkbox"/> (-N) Normally On & Normally Off outputs |
| <input type="checkbox"/> (-H) Normally Off Output | |
| <input type="checkbox"/> (-I) Extended Battery Warranty | |
| <input type="checkbox"/> (-J) External Maintenance Bypass Switch | |