

MINUTS OF METERING

In accordance with AE Approval (Commissining)Manedragarh Zone synchronization of ----- KWP Roof Top solar photo voltaic power plant in the premises of ----- Address-----

BP No -----

Mobile No.- ----- with CSPDCL Grid on LT side had been witnessed by the reperesentative of consumer and CSPDCL on dated----- at about ----- Hrs. The details of supply agrranement /at site are as given belw.

The surplus solar energy after meeting house consuption will be exported to CSPDCL Grid and same will be recorded by the mater installed in the premises of -----

Address -----

BP No ----- Whichis a bidirectinal meter having facility for recording import and export consuption. There are string of ----- Modules .Total ---- Panel and one inverter and voltage measured was 230 V(P-N) and 430 V(P-P) respectively by the meter installed.

DETAILS OF MULTIFUNCTION METER OF MAIN SOLAR PANNEL

Smart(Bi Directional)Meter etails	Consumer(Solar gen.) Check meter Details	Others details			
MAKE					
S.L.No.					
CL					
CAPACITY					
MF					
KWH(Import)					
KWH(Export)					
Termilan Seal					
Cover Seal					

Remark:-----

Assistant Engineer (Zone)
CSPDCL Manedragarh

Consumer Vender
Representative Representative



Joint Inspection report

It is to certify that a Grid Connected Solar PV Power Plant has been installed with following details:

1. Name of the beneficiary: _____
2. Address of installation with pin code: _____
3. Electricity consumer number: _____
4. Solar PV module capacity (DC): _____ kWp
5. Inverter capacity (AC) (Nominal output power): _____ kW
6. Date of installation/commissioning: _____
7. Date of Joint inspection: _____
8. Metering arrangement: _____ (Net meter/Gross meter/Net billing)

The above system is as per BIS/MNRE specifications and has been checked for its performance on _____ and it is working satisfactorily.

	DISCOM	EMPANELLED AGENCY	CONSUMER
Name	_____	_____	_____
Designation	_____	_____	_____
Date	_____	_____	_____
Sign	_____	_____	_____
Seal	_____	_____	_____

It is to certify that the above system has been purchased with following details:

1. Total project cost ₹ _____
2. Subsidy amount ₹ _____
3. Amount paid by beneficiary ₹ _____

	EMPANELLED AGENCY	CONSUMER
Name	_____	_____
Designation	_____	_____
Date	_____	_____
Sign	_____	_____
Seal	_____	_____

Note: This report will be applicable for all the projects installed/commissioned after 31-07-2021



SOLAR ROOFTOP (ON-GRID) INSPECTION FORM
Chhattisgarh State Power Distribution Company Limited (CSPDCL)

1. CONSUMER DETAILS

1.1	Consumer Name	_____
1.2	Consumer Number	_____
1.3	Address	_____
1.4	Contact Number	_____

2. SERVICE CONNECTION DETAILS

Sr. No.	Particulars	Details / Tick (✓)
2.1	Connection Type	<input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase
2.2	Sanctioned Load	_____ kW
2.3	Connected Load	_____ kW
2.4	Voltage Level	<input type="checkbox"/> 230 V <input type="checkbox"/> 415 V <input type="checkbox"/> 11 kV
2.5	Existing Meter Number	_____
2.6	Meter Type	<input type="checkbox"/> Static <input type="checkbox"/> Smart <input type="checkbox"/> Net Meter

3. SOLAR ROOFTOP SYSTEM DETAILS

Sr. No.	Particulars	Details
3.1	Capacity of Solar Plant	_____ kW
3.2	Type of System	<input type="checkbox"/> On-Grid (Net Metering)
3.3	Location of Plant	<input type="checkbox"/> Rooftop <input type="checkbox"/> Open Area <input type="checkbox"/> Other
3.4	Make of Solar Modules	_____
3.5	Number of Panels & Rating	_____ Nos. × _____ Wp
3.6	Total DC Capacity	_____ kWp
3.7	Inverter Make and Rating	_____
3.8	Inverter Type	<input type="checkbox"/> Single Phase <input type="checkbox"/> Three Phase
3.9	Inverter Output Voltage	_____ V AC
3.10	MNRE / ALMM Compliance	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.11	Empanelled Vendor / Agency Name	_____
3.12	Registration / Empanelment No.	_____

4. PROTECTION & SAFETY CHECKS

Sr. No.	Item	Details / Observation
4.1	AC Isolator (near meter / DB)	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Rating: _____ A
4.2	DC Isolator (near inverter / array)	Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No Rating: _____ A
4.3(a)	Module Structure Earthing	<input type="checkbox"/> Provided <input type="checkbox"/> Not Provided
4.3(b)	Inverter Body Earthing	<input type="checkbox"/> Provided <input type="checkbox"/> Not Provided
4.3(c)	LA / SPD Earthing	<input type="checkbox"/> Provided <input type="checkbox"/> Not Provided
4.3(d)	Earth Resistance Measured	_____ Ohms
4.4	Surge Protection Device (SPD)	<input type="checkbox"/> Provided <input type="checkbox"/> Not Provided
4.5	MCB / MCCB / Fuse at AC side	Rating: _____ A <input type="checkbox"/> Suitable <input type="checkbox"/> Not Suitable
4.6(a)	DC Cable Size & Quality	Size: _____ sqmm <input type="checkbox"/> OK <input type="checkbox"/> Not OK
4.6(b)	AC Cable Size & Quality	Size: _____ sqmm <input type="checkbox"/> OK <input type="checkbox"/> Not OK
4.7	Back-feed Protection	<input type="checkbox"/> OK <input type="checkbox"/> Not OK
4.8	Labelling & Signages	<input type="checkbox"/> Proper <input type="checkbox"/> Not Proper

5. METERING ARRANGEMENT

Sr. No.	Particulars	Details
5.1	Proposed Meter Type	<input type="checkbox"/> Net Meter <input type="checkbox"/> Bi-directional Smart Meter
5.2	Make of Meter	
5.3	Meter Serial No.	
5.4	CT / PT (if applicable)	
5.5	Meter Location	<input type="checkbox"/> Consumer Premises <input type="checkbox"/> Pole / DT
5.6	Meter Box Condition	<input type="checkbox"/> Good <input type="checkbox"/> Damaged <input type="checkbox"/> To be Replaced

6. TESTING & COMMISSIONING OBSERVATIONS

Sr. No.	Test / Observation	Result / Remark
6.1	Inverter Startup / Shutdown Operation	<input type="checkbox"/> Satisfactory <input type="checkbox"/> Not Satisfactory
6.2	Anti-Islanding Protection Test	Inverter trips on mains OFF: <input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	Grid Synchronization	<input type="checkbox"/> Successful <input type="checkbox"/> Not Successful
6.4	Polarity Check (DC & AC)	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect
6.5(a)	Solar Generation Meter Reading (if any)	_____ kWh
6.5(b)	Net Meter Import Reading	_____ kWh
6.5(c)	Net Meter Export Reading	_____ kWh
6.6	Any Abnormality / Defects Observed	_____

7. INSPECTING OFFICER'S REMARKS

Status	<input type="checkbox"/> System satisfactory & recommended for Net Metering connection.
Rectifications Required	1. _____
	2. _____
	3. _____

8. SIGNATURES

Inspecting Officer (CSPDCL)	
Name	_____
Designation	_____
Office	AE / JE, CSPDCL
Signature	_____
Date / Place	Date: ___ / ___ / 20___ Place: _____
Consumer / Owner	
Name	_____
Declaration	I agree to follow CSPDCL rules and safety instructions for Solar Rooftop Grid Connected System.
Signature / Date	Signature: _____ Date: ___ / ___ / 20___