

# Post-Service Checklist for Power Link 2000

To adhere to ChargePoint best practices, complete this checklist before you leave the site.

| Checkbox                 | What to Check                                                                                                                                                                                                                                                                                      |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I/we reconnected all ground/earth connections or confirmed they were connected, including those to ground lugs on pedestal and overhead installations.                                                                                                                                             |
| <input type="checkbox"/> | I/we confirmed that all connections have correct polarity and are installed on the correct bus.                                                                                                                                                                                                    |
| <input type="checkbox"/> | I/we inserted all service wiring into the terminal blocks and ensured that all electrical connections are clean and snug (not pinched or trapped).                                                                                                                                                 |
| <input type="checkbox"/> | I/we cleaned and vacuumed all electrical enclosures to ensure they are clean and free of wire strands, metal shavings, and all other debris.                                                                                                                                                       |
| <input type="checkbox"/> | I/we properly reinstalled and torqued all fasteners that were removed during service or installation.                                                                                                                                                                                              |
| <input type="checkbox"/> | For stations with a cable management kit (CMK) or tool balancer, I/we checked that the charging cables extend and retract fully and operate smoothly.                                                                                                                                              |
| <input type="checkbox"/> | I/we removed any twists from and straightened all charging cables.                                                                                                                                                                                                                                 |
| <input type="checkbox"/> | I/we checked that no packaging or other foreign objects were inside any unit.                                                                                                                                                                                                                      |
| <input type="checkbox"/> | I/we reinstalled all covers, doors, panels, and vinyl signs.                                                                                                                                                                                                                                       |
| <input type="checkbox"/> | I/we checked that the station is fully secured and does not rock or move.                                                                                                                                                                                                                          |
| <input type="checkbox"/> | I/we checked that the Power Link 2000 is labeled with the panel and breaker information, and that the Power Link 2000 is labeled with the upstream Power Block or Power Hub, or I/we labeled them.                                                                                                 |
| <input type="checkbox"/> | I/we ensured the parking area is clean and free of all packaging, debris, and anything that could damage vehicle tires.                                                                                                                                                                            |
| <input type="checkbox"/> | I/we observed that the system completed self-diagnostics, including the network test, and started successfully. If the unit has a display, it showed the default message, and did not show the unit as unavailable. If no display, the lights indicated connectivity and did not indicate a fault. |
| <input type="checkbox"/> | If possible, I/we completed a test charging session successfully without any faults or alerts.                                                                                                                                                                                                     |
| <input type="checkbox"/> | I/we prepared all local forms that are required.                                                                                                                                                                                                                                                   |

## Third-Party Service Providers

### Services Performed

| Details                         | Complete the following: |
|---------------------------------|-------------------------|
| Description of Service Provided |                         |
| Location                        |                         |
| Unit                            |                         |
| Panel ID                        |                         |
| Breaker                         |                         |

### Contact Information

| Service Provider     | Complete the following: |
|----------------------|-------------------------|
| Technician Name      |                         |
| Email                |                         |
| Service Company Name |                         |
| Address              |                         |
| Contact Person       |                         |
| Phone                |                         |

| Site Owner/Customer | Complete the following: |
|---------------------|-------------------------|
| Contact Person      |                         |
| Email               |                         |
| Business Name       |                         |
| Site Address        |                         |
| Phone               |                         |

---

## Questions

For assistance, navigate to [chargepoint.com/support](https://chargepoint.com/support) and contact technical support using the appropriate region-specific number.