

Installation Checklist Traversing Hardware/Software



Technology by SENSORY ANALYTICS

Date: _____

System Type: _____

Company: _____

Comp. Serial #: _____

Location: _____

ICU Serial #: _____

ICU Installation

	yes	no		yes	no
ICU Mounted Securely	<input type="checkbox"/>	<input type="checkbox"/>	Verify AC Working	<input type="checkbox"/>	<input type="checkbox"/>
ICU Electrical Connection	<input type="checkbox"/>	<input type="checkbox"/>	All components secure	<input type="checkbox"/>	<input type="checkbox"/>
ICU Proper Ground	<input type="checkbox"/>	<input type="checkbox"/>			

Comments: _____

Mark V Installation

	yes	no		yes	no
Mark V Mounted Securely	<input type="checkbox"/>	<input type="checkbox"/>	Verify AC Working	<input type="checkbox"/>	<input type="checkbox"/>
Mark V Electrical Connection	<input type="checkbox"/>	<input type="checkbox"/>	All components secure	<input type="checkbox"/>	<input type="checkbox"/>
Mark V Proper Ground	<input type="checkbox"/>	<input type="checkbox"/>			

Comments: _____

Voltage Readings

Inbound Voltage	Value: _____ VAC	24vDC to Drive 1	Value: _____ VDC
		24vDC to Drive 2	Value: _____ VDC
5vdc 25W power supply	Value: _____ VAC	5vdc 25w output voltage	Value: _____ VDC
5vdc 40W power supply	Value: _____ VAC	5vdc 40W output voltage	Value: _____ VDC
24vdc 240W power supply	Value: _____ VAC	24vdc 240W output voltage	Value: _____ VDC

Comments: _____

Communication between ICU and Main Computer yes no

Comments: _____

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IP Configuration:

LAN PORT #: _____

PC IP Address: _____ Subnet Mask: _____

NIR 1 IP Address: _____ Subnet Mask: _____

NIR 2 IP Address: _____ Subnet Mask: _____

EXR 1 IP Address: _____ Subnet Mask: _____

EXR 2 IP Address: _____ Subnet Mask: _____

PLC IP Address: _____ Subnet Mask: _____

Lamps: yes no

Lamp 1 working

Lamp 2 working

Light Tower 1 yes no

Red

Blue

Green

Light Tower 2 yes no

Red

Blue

Green

Verify Remote Monitor

Mouse

Touch Screen Calibrated

Keyboard

USB

Probe Setup

Probe 1

IT: _____ ms.

Reflectance: _____ %

Height: _____

Perpendicular: _____

TVU Serial # _____

TVU Reading: _____

Probe 2

IT: _____ ms.

Reflectance: _____ %

Height: _____

Perpendicular: _____

TVU Serial # _____

TVU Reading: _____

Comments: _____

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Traversing Beams Setup

Beam 1:

Roll Width: _____ in/mm

Home Side Safe Stop: _____

Calibrate Location: _____

Far Side Roller Edge: _____

Park Location: _____

Home Side Roller Edge: _____

Far Side Safe Stop: _____

Beam 2:

Roll Width: _____ in/mm

Home Side Safe Stop: _____

Calibrate Location: _____

Far Side Roller Edge: _____

Park Location: _____

Home Side Roller Edge: _____

Far Side Safe Stop: _____

	Yes	No
Edge Detectors Enable	<input type="checkbox"/>	<input type="checkbox"/>
E Stop Installed	<input type="checkbox"/>	<input type="checkbox"/>
Home Side: Operator / Drive		

Housekeeping

	Yes	No	N/A
Excess probe Conduit Coiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excess Communication Cable Coiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire Trays covers in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internal Probe Fibers Safely Organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Cables Coiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encoder Cables Coiled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wire ties clipping & area cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Technician Signature _____

Date: _____