ESP / MDMA Acceptance Testing Summary of Non-Interval Data Test Results

Date: / / 1	Time:					
ESP Name:						
MDMA Name:						
CPUC ESP Number:		URL:*	Password:	Password		
MDMA's Support Desk Phone*		IP Address:*	E-mail:			
Contact Person			E-mail:			
Contact Person	Phone:	Alternate Phone Alternate Phone	E-mail:			
Company's Street Ad	ddress:					
City:		State:	Zip Code:	Zip Code:		
Mailing Address:						
City:		State:	Zip Code:			
Description of MDM	A Systems and Applica	tions:				
Data Failed the	following test:					
Service Account Nur		Total Engineering Units:	Hi/Low Usage			
			,			
li/Low Demand						
Service Account Nur	mber:	Total Engineering Units:	Hi/Low Usage	/Low Usage		
li/Low Demand						
		T				
Service Account Nur	nber:	Total Engineering Units:	Hi/Low Usage	/Low Usage		
li/Low Demand		•				
Service Account Nur	Service Account Number: Tota		Hi/Low Usage			
			, , , , , , , , , , , , , , , , , , , ,	-Low Osuge		
li/Low Demand						
Service Account Nur	Service Account Number:		Hi/Low Usage	/Low Usage		
li/Low Demand						
		T =	T6			
Service Account Nur	nber:	Total Engineering Units:	Hi/Low Usage	li/Low Usage		
li/Low Demand			•			
Service Account Nur	nber:	Total Engineering Units:	Hi/Low Usage	łi/Low Usage		
li/Low Demand						
Service Account Nur	nber:	Total Engineering Units:	Hi/Low Usage			
li/Low Demand		<u> </u>				
		Total Engineering Units:				
Service Account Nur	Service Account Number:		Hi/Low Usage	/Low Usage		
li/Low Demand			•			
Service Account Nur	nber:	Total Engineering Units:	Hi/Low Usage			
li/Low Demand						
Service Account Nur	nber:	Total Engineering Units:	Hi/Low Usage			
li/Low Demand		1	I			
·		Takal Cantanania, 11 %				
Service Account Number:		Total Engineering Units:	Hi/Low Usage	ni/Low usage		

ESP / MDMA Acceptance Testing Summary of Interval Data Test Results

Date: / / Time:								
ESP Name:								
MDMA Nome:								
MDMA Name:		URL:*		Password:				
CPUC ESP Number: MDMA's Support Desk Phone*		IP Address:*		E-mail:				
Contact Person	Phone:	Alternate Phone		E-mail:				
Contact i erson	i none.	Alternate i none		L-IIIaii.				
Contact Person	Phone:	Alternate Phone		E-mail:				
Company's Street Address:	•			•				
City:		State:		Zip Code:				
Mailing Address:								
City:		State:		Zip Code:				
Description of MDMA Systems	and Applications:							
Data Failed the followin		1	T .					
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None		l						
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None		I .						
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None			I					
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None		l	l.					
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None			•	'				
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None								
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None								
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None								
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None								
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None								
Service Account Number:	SUM	Spike	Hi/Low		Missing Intervals			
None								