

## **INSTRUCTIONS APPLICABLE TO ALL PRESCRIBED FORMS:**

This page sets out the instructions for completing the **Prescribed Form – Communication Confirmation**.

All capitalized terms used in these instructions and the Prescribed Form – Communication Confirmation, unless otherwise stated, have the meanings ascribed to them in the Fast Frequency Response Agreement.

- (a) This instruction page is not required to be submitted with the Prescribed Form.
- (b) Where the Prescribed Form has multiple pages, the pages of the Prescribed Form should be kept together in sequential order.
- (c) Apart from the completion of any blanks, drop down lists, check boxes or similar incomplete information in a Prescribed Form, no amendments may be made to the wording of a Prescribed Form.
- (d) This Prescribed Form must be completed in its entirety and submitted to the AESO by no later than the Long Stop Date.
- (e) With the exception of this instruction page, instructions within a Prescribed Form will be enclosed in square brackets.

**PRESCRIBED FORM – COMMUNICATION CONFIRMATION**

**SUBMIT BY EMAIL TO [COMMERCIAL.SERVICES@AESO.CA](mailto:COMMERCIAL.SERVICES@AESO.CA)**

Capitalized terms not defined herein have the meanings ascribed thereto in the Fast Frequency Response Agreement (“FFRA”), which has been executed in respect of the FFR Facility referenced below (the “Agreement”).

<b>Date</b>	
<b>Legal Name of Service Provider</b>	
<b>Name of FFR Facility</b>	

**WHEREAS** Schedule “B”, Section 6.2 of the Agreement provides that the Service Provider shall provide the AESO with the Communication Confirmation confirming the requirements set out in Section 2 of the FFR Requirements to the satisfaction of the AESO.

<b>Description</b>	<b>Confirmed</b>
<b>Communication Setup to AESO</b>	
Dedicated communication link to the AESO is functional	<input type="checkbox"/>
Remote Terminal Unit (“RTU”) Internet Protocol addressing parameters assigned	<input type="checkbox"/>
SCADA point list parameters assigned	<input type="checkbox"/>
RTU Distributed Network Protocol (“DNP”) addressing parameters assigned	<input type="checkbox"/>
Network connectivity test to primary <i>and</i> backup data center confirmed	<input type="checkbox"/>
GPS time synchronization confirmed	<input type="checkbox"/>
<b>SCADA testing to AESO</b>	
Established DNP communications	<input type="checkbox"/>
Digital and Analog Inputs mapping and quality verification complete	<input type="checkbox"/>
Data latency verification complete	<input type="checkbox"/>
Data analog input scaling verification complete	<input type="checkbox"/>

<b>Functional Tests from FFR Application</b>	
Offered Volume test complete	<input type="checkbox"/>
Confirmed Offered Volume MW test complete	<input type="checkbox"/>
Armed Volume test complete	<input type="checkbox"/>
Disarm facility test complete	<input type="checkbox"/>
Re-Arm volume test complete	<input type="checkbox"/>
SCADA Response signal test complete	<input type="checkbox"/>
Forced Outage indicator test complete	<input type="checkbox"/>
<b>Notice of Completion</b>	
Notified AESO EMS SCADA representative by email to <a href="mailto:EMS_SCADA@AESO.CA">EMS_SCADA@AESO.CA</a> of completed tests and resolved any deficiencies identified by the AESO EMS SCADA representative	<input type="checkbox"/>

*[This space intentionally left blank – signature page to follow]*

Signed this \_\_\_\_\_ day of \_\_\_\_\_.

**[insert legal name of Service Provider]**

\_\_\_\_\_  
Name:

Title

**INTERNAL OFFICE PURPOSES ONLY: ACKNOWLEDGEMENT OF RECEIPT**

AESO EMS SCADA

\_\_\_\_\_  
Name:

Title:

*[Signature page to Prescribed Form – Communication Confirmation]*