

PLC129 LAB 1.0: COMPACTLOGIX PROJECT CONFIGURATION REVIEW

Student Name: _____

Student ID: _____

LAB OUTCOMES:

1. Identify the PLC processor Major and Minor Revision Numbers
2. Identify the Part numbers of the Modules in each Slot of the Rack
3. Demonstrate how to setup an ethernet driver in RSLinx and connecting to the processor on the trainer

LAB PROCESS:

Open RSLinx and configure an ethernet driver to communicate with the processor on the trainer. Connect to the training unit's processor and document the information for each module that is installed on it.

Part 1

1. Processor Part Number: _____

Slot Number: _____

Major Revision Number: _____

Minor Revision Number: _____

IP Address: _____

2. Slot One Module Part Number: _____

Slot Number: _____

Major Revision Number: _____

Minor Revision Number: _____

IP Address: _____

3. Slot Two Module Part Number: _____

Slot Number: _____

Major Revision Number: _____

Minor Revision Number: _____

IP Address: _____

4. Slot Three Module Part Number: _____

Slot Number: _____

Major Revision Number: _____

Minor Revision Number: _____

IP Address: _____

5. Slot Four Module Part Number: _____

Slot Number: _____

Major Revision Number: _____

Minor Revision Number: _____

IP Address: _____

6. Throughout an RSLogix5000 project, you define names for the different elements of the project such as the project name, controller, data addresses (tags), routines, and I/O modules. As you enter names follow these rules
1. Only letters, number, and underscores “ _ ”
 2. Must start with a letter or an underscore
 3. ≤ 40 characters
 4. No consecutive or trailing underscores
 5. Not case sensitive

The outcomes of this exercise (listed on page 1) specifies the skills that the Student must demonstrate to the Instructor. Once the Instructor is satisfied with the demonstration of Knowledge & Skills by the individual student, they will sign this document (for the student), then enter a 100% into the Hands-On Lab grade in Sakai.

I verify that this student has completed all of the requirements of this Hands-On Assessment:

Student Name: _____

Faculty Signature: _____ Date: _____

DOL DISCLAIMER:

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