	INSPECTION FORM POWER CABLE < 1000V	Page 1 of 1 Cable ID:				
Project	Facility:	Project Name:				
	Area :	Bid Opportunity:				
Cable Data	Source:	Dest. / Load:				
	Manufacturer:	Type:	Conductor: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum			
	No. of Conductors:	Size: <input type="checkbox"/> AWG <input type="checkbox"/> MCM	Length: m <input type="checkbox"/> Measured <input type="checkbox"/> Previous Data <input type="checkbox"/> Jacket Markings <input type="checkbox"/> TDR			
	Rated Voltage: V	Operating Voltage: V	Date Installed:			
	Installation: <input type="checkbox"/> Cable Tray <input type="checkbox"/> EMT <input type="checkbox"/> Alum. Conduit <input type="checkbox"/> Direct Buried <input type="checkbox"/> Strapped <input type="checkbox"/> Steel Conduit <input type="checkbox"/> PVC Conduit <input type="checkbox"/> Underground Duct	Other:				
Visual Inspection	Physical Damage on Exposed Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cable Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No	Cable Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Bend Radius Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:				
Insulation Resistance Test	Test Preparation: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	Cable Dest. / Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.			
	Cable Temperature: °C	Temperature Correction Factor for 20°C:	Ground all conductors not under test for each reading.			
	Test Voltage	Insulation Resistance (MΩ)		Test Summary		
		A-GND	B-GND	C-GND	N-GND	<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	V	Reading				
	Corrected to 20°C					
Utilize 1000VDC Test Voltage for 600V rated cables, 500VDC for cables rated <= 300V.						
Comments:						
Connection Resistance	<i>Note: Torque check required for all cables. Connection Resistance Test required for cables 4/0 AWG or larger.</i>					
	Termination	Connection Resistance (μΩ) - As Left				Torque Check
		A	B	C	N	
	Source					<input type="checkbox"/> OK
	Dest. / Load					<input type="checkbox"/> OK
Comments:						
Final Analysis	Cable Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:				
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Company	Name	Signature	Date (yyyy/mm/dd)		
Performed By						
Checked By						



INSPECTION FORM DIGITAL METER

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Meter Data	Location:	Cell #:
	Manufacturer:	Model:

Visual Inspection / Cleaning	Cover Gasket: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Cover Glass: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	General Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Cleanliness (as found) <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned: <input type="checkbox"/> Yes
	Connections (as found) <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Connections Torqued: <input type="checkbox"/> Yes

Test Meter	Manufacturer:	Model:
	Calibration Date: Meter calibration must be within one year, unless otherwise specified.	

		Nominal Test Value (V)	Phase	Calibrated Meter Measurement (V)	Meter Under Test (V)	Difference (V)	Error (%)	Acceptable (See Specs)	
		Accuracy	Voltage	0					
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Current	0			A					<input type="checkbox"/> Yes <input type="checkbox"/> No
				B					<input type="checkbox"/> Yes <input type="checkbox"/> No
				C					<input type="checkbox"/> Yes <input type="checkbox"/> No
				A					<input type="checkbox"/> Yes <input type="checkbox"/> No
				B					<input type="checkbox"/> Yes <input type="checkbox"/> No
				C					<input type="checkbox"/> Yes <input type="checkbox"/> No
Measurements Applicable To: <input type="checkbox"/> As-Found <input type="checkbox"/> As-Left May check both boxes if applicable.									
Unit Calibration Adjusted: <input type="checkbox"/> Yes <input type="checkbox"/> No If calibration was adjusted, complete two forms, one for as-found, the other for as-left after calibration.									



INSPECTION FORM DIGITAL METER

Page 2 of 2

ID:

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



INSPECTION FORM GROUNDING SYSTEM

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Visual Inspection	Connection to Ground Electrode is Visible: <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility Contains a Main Ground Bus: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Connecting Conductor: Size: Qty:	Torque Ground Connections: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual signs of Corrosion: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Soil Type:	Soil Condition: <input type="checkbox"/> Dry <input type="checkbox"/> Damp <input type="checkbox"/> Wet
	Comments:	

Fall Of Potential Test #1	Date of Test:	Time of Test:				
	Weather and Temperature:	Terrain:				
	Grounding System Connection Point:	UTM GPS Coordinate:	E	N		
	Current Probe Injection Point:	UTM GPS Coordinate:	E	N		
	Test Conditions:		Test Layout:			
	Voltage Probe Distance (meters)	UTM GPS Coordinate:	Test Current (mA)	Test Voltage (mV)	Resistance @ Hz (Ω)	Resistance @ Hz (Ω)
		E N				
		E N				
		E N				
		E N				
		E N				
		E N				
		E N				
	E N					
Comments:						



INSPECTION FORM GROUNDING SYSTEM

ID: _____

Fall Of Potential Test #2	Date of Test:		Time of Test:				
	Weather and Temperature:		Terrain:				
	Grounding System Connection Point:		UTM Coordinate:	GPS Coordinate:	E	N	
	Current Probe Injection Point:		UTM Coordinate:	GPS Coordinate:	E	N	
	Test Conditions:			Test Layout:			
	Voltage Probe Distance (meters)	UTM GPS Coordinate:		Test Current (mA)	Test Voltage (mV)	Resistance @ Hz (Ω)	Resistance @ Hz (Ω)
		E	N				
		E	N				
		E	N				
		E	N				
		E	N				
		E	N				
		E	N				
Comments:							



INSPECTION FORM GROUNDING SYSTEM


ID: _____

Resistance Checks (Ductor Test)	Point A	Point B	Resistance (mΩ)	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Facility Ground Electrode	Main Ground Bus		
	Facility Ground Electrode	4160V Switchgear GND Bus		
	Facility Ground Electrode	System Neutral		
	Facility Ground Electrode	600V Switchgear GND Bus		
	Facility Ground Electrode	MCC : GND Bus		
	Facility Ground Electrode	MCC : GND Bus		
	Facility Ground Electrode	Other :		
	Facility Ground Electrode	Other :		
	Facility Ground Electrode	Other :		
Comments: _____				

Final Analysis	Monitoring / Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments: _____
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	INSPECTION FORM MCC, 600V			Page 1 of 6	
					ID:
Project	Facility:		Project Name:		
	Area :		Bid Opportunity:		

MCC Data	Location:			# of Cells:	
	Manufacturer:		Model:		Serial #:
	Rated Voltage: V	Main Bus Rating: A		Main Bus Neutral Rating: A	
	Bus Conductor: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum		Current Withstand Rating: A		

Visual Inspection / Cleaning	Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Visual Signs of Moisture: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Corona: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Fuse/Breaker Sizes Match Drawings: <input type="checkbox"/> Yes <input type="checkbox"/> No		PT and CT ratios match drawings: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Elevation Drawings Correct: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Insulators Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Electro/Mechanical Interlock System: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Vents/Filters: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Doors Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Exercise Active Components: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cell Fit and Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor				
	Required Clearances are Met: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor				
	Indicating mechanisms: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Unit Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes	
	Comments:				

Incoming Power	Type:	Inspection			
	<input type="checkbox"/> Main Breaker	Complete appropriate breaker inspection form.			
	<input type="checkbox"/> Disconnect	Complete appropriate disconnect inspection form.			
	<input type="checkbox"/> Main Lugs	Visual Inspection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor			
		Connections Torqued: <input type="checkbox"/> Yes			
Connection Resistance ($\mu\Omega$) As Left		A	B	C	N



**INSPECTION FORM
MCC, 600V**

ID:

Insulation Resistance Test (Buswork)	Test Preparation:	Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	Cable Dest. / Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.	
	Temperature: _____ °C				
	Test Voltage (dc)	Insulation Resistance (MΩ) Phase To Phase			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
		A - B	B - C	C - A	
	1000 V				
	Test Voltage	Insulation Resistance (MΩ) Phase To GND			
	A - GND	B - GND	C - GND		
1000 V					
Comments:					

Ground Resistance Checks (Ductor Test)	Point A	Point B	Resistance (μΩ)	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	MCC GND Bus	Facility Ground Electrode		
	MCC GND Bus	MCC Enclosure		
	MCC GND Bus	System Neutral		
Comments:				

Feeder Breakers	Visual Inspect Requirements:	G=Good, A=Acceptable, P=Poor Comments are required for all items identified in Poor condition.
		<ol style="list-style-type: none"> 1. Confirm identification tag / lamacoid is installed. 2. Look for visual signs of overheating. 3. Inspect and torque connections. 4. Inspect and test any electro/mechanical interlocks. 5. Confirm disconnect operation. 6. Check door mechanical condition. 7. Exercise circuit breaker. 8. Confirm cables are supported and routed appropriately. 9. Visually assess the general condition of the installation.
	Note:	Complete an appropriate Breaker Inspection Form for all breakers with separate adjustable Long and Short trip settings, Ground trip settings, or > 250A frame size.
Continued on next page		



INSPECTION FORM MCC, 600V

ID:

Continued from previous page											
Feeder Breakers	ID	Loc./ Cell	Frame Rating (A)	Trip Rating (A)	Manuf.	Model	Trip Unit Type	Inst Setting	Visual Inspection	Cleaned	Comments
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
General Comments:											



INSPECTION FORM MCC, 600V

ID:

Motor Starters / Contactors	Overcurrent Protection Type:	B=Breaker (Thermal Magnetic), M=breaker(Motor Circuit Protector), F=Fuse
	Overload Protection Type:	T=Thermal, SS=Solid State
	Visual Inspect Requirements:	G=Good, A=Acceptable, P=Poor Comments are required for all items identified in Poor condition.
		<ol style="list-style-type: none"> 1. Confirm identification tag / lamacoid is installed. 2. Look for visual signs of overheating. 3. Inspect and torque connections. 4. Inspect and test any electro/mechanical interlocks. 5. Confirm disconnect operation. 6. Check door mechanical condition. 7. Exercise circuit breaker. 8. Confirm cables are supported and routed appropriately. 9. Visually assess the general condition of the installation.
Note:		Complete a Motor Starter Inspection Form for all Motor Starters Size 4 or larger, with VFDs, or with Soft Starters.

Motor Starters / Contactors	ID	Loc./ Cell	Overcurrent Protection			Contactor	Overload		Visual Insp.	Cleaned	Comments
			Type	Rating (A)	Manuf.	Model	Size / Rating	Type			
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
										<input type="checkbox"/>	
General Comments:											



INSPECTION FORM MCC, 600V

ID: _____

Motor Starters	ID	Loc./ Cell	Overcurrent Protection			Contactor	Overload		Visual Insp.	Cleaned	Comments
			Type	Rating (A)	Manuf.	Model	Size / Rating	Type			
									<input type="checkbox"/>		
									<input type="checkbox"/>		
									<input type="checkbox"/>		
									<input type="checkbox"/>		
									<input type="checkbox"/>		
									<input type="checkbox"/>		
									<input type="checkbox"/>		
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									<input type="checkbox"/>		
									<input type="checkbox"/>		
									<input type="checkbox"/>		
									<input type="checkbox"/>		
General Comments:											



**INSPECTION FORM
MCC, 600V**


Page 6 of 6

ID:

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	INSPECTION FORM MOTOR SOFT STARTER, 600V		Page 1 of 3
			ID:
Project	Facility:		Project Name:
	Area :		Bid Opportunity:

Starter Data	Load:		Starter Location:		Cell #:	
	Soft Starter:	Manufacturer:		Model:	Serial #:	
		Size:	Rated Voltage: V	Current Rating: A	Control Voltage: V	
	Circuit Protection:	<input type="checkbox"/> Fused Disc.	Rating: A	Fuse Size: A	Fuse Mfg.	
					Model:	
		<input type="checkbox"/> Breaker <input type="checkbox"/> MCP	Rating: A	Inst. Setting: A	Manufacturer:	
					Model:	
	Bypass Contactor:	Type: <input type="checkbox"/> NEMA <input type="checkbox"/> IEC <input type="checkbox"/> N/A	Manufacturer:		Model:	
		NEMA Size:		IEC Rating: A <input type="checkbox"/> AC-3 <input type="checkbox"/> AC-4		
	Bypass Overload Protection:	<input type="checkbox"/> Thermal <input type="checkbox"/> Electronic <input type="checkbox"/> Not Applicable	Class: <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> Unknown	Setting / Rating: A	Manufacturer:	
			Model:			
				Model:		
Capacitor Contactor:	Type: <input type="checkbox"/> NEMA <input type="checkbox"/> IEC <input type="checkbox"/> N/A	Manufacturer:		Model:		
	NEMA Size:		IEC Rating: A <input type="checkbox"/> AC-3 <input type="checkbox"/> AC-4			
Control Power Transformer:	Size: VA	Sec. Voltage: V	Primary Fuse: A	Secondary Fuse: A		
Current Transformer:	Ratio:		Type:			

Motor Data	ID:	Size: kW / HP	Voltage: V
	Full Load Amps: A	Service Factor: <input type="checkbox"/> 1.00 <input type="checkbox"/> 1.15	Other:

Visual Inspection / Cleaning	Starter Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Support Insulators: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Electro/Mechanical Interlock: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Contactor Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		Contact Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor		
	Verify O/L element is correctly sized for the load: <input type="checkbox"/> Yes <input type="checkbox"/> No		Exercise Circuit Breaker/MCP/Disconnect: <input type="checkbox"/> Yes		
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No		Unit Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes	
	Comments:				



INSPECTION FORM MOTOR SOFT STARTER, 600V

Page 2 of 3

ID: _____

Contact / Pole Measurements	Test	A	B	C	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	Bypass Contactor Contact Resistance ($\mu\Omega$)				
	Capacitor Contactor Contact Resistance ($\mu\Omega$)				
	Disconnect Resistance ($\mu\Omega$)				
	Main Fuse Resistance ($\mu\Omega$)				
	Capacitor Fuse Resistance ($\mu\Omega$)				
Comments: _____					

	Test Preparation: Source: <input type="checkbox"/> Isolated Cable Dest. / Load: <input type="checkbox"/> Disconnected Contactor: <input type="checkbox"/> Open <input type="checkbox"/> Connected with Load Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.				
WARNING: DISCONNECT ALL POWER CABLES FROM SOFT STARTER MODULE AND ALL CONTROL POWER FUSES PRIOR TO TEST.						
Insulation Resistance Test	Test	Voltage	Insulation Resistance (M Ω)			Ground all phases not under test! Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
			A	B	C	
	Disconnect Line to GND	1000 VDC				
	Disconnect Load to GND	1000 VDC				
	Disconnect Line to Load	1000 VDC				
	Bypass Contactor Line To GND	1000 VDC				
	Bypass Contactor Load To GND	1000 VDC				
	Bypass Contactor Line to Load	1000 VDC				
	Capacitor Contactor Line To GND	1000 VDC				
	Capacitor Contactor Load To GND	1000 VDC				
Capacitor Contactor Line to Load	1000 VDC					
Comments: _____						



**INSPECTION FORM
MOTOR SOFT STARTER, 600V**

ID: _____

Operational Inspection	Test Preparation: Run motor at normal load.					
	Ramp Up Time	Specified: _____ sec		Actual: _____ sec		Comments:
	Measured Motor Current	ØA _____ A	ØB _____ A	ØC _____ A		
	Soft Start Motor Current	ØA _____ A	ØB _____ A	ØC _____ A		
	Ammeter Displayed Motor Current: _____ A					
	Remote (RTU/PLC/DCS) Displayed Motor Current: _____ A					
	Ramp Down Time	Specified: _____ sec		Actual: _____ sec		

Final Analysis	Returned to Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Repair / Replacement Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



INSPECTION FORM NON-FUSIBLE DISCONNECT SWITCH, 600V

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Disconnect Data	Manufacturer:	Model:	
	Rated Voltage: V	Current Rating: A	Interrupting Rating: A

Visual Inspection / Cleaning	Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Support Insulators: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Blade Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Verify Blade Mechanical Operation: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned: <input type="checkbox"/> Yes
	Fit Plumb & Square: <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Lubricated: <input type="checkbox"/> Yes
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No	Other:

Switchblade Resistance	Resistance ($\mu\Omega$) (As Left)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	A	B	C	
Comments:				

Insulation Resistance Test	Test Preparation: Source: <input type="checkbox"/> Isolated Cable Dest. / Load: <input type="checkbox"/> Disconnected	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.				
	Disconnect: <input type="checkbox"/> Open <input type="checkbox"/> Connected with Load Isolated					
	Test	Voltage	Insulation Resistance ($M\Omega$)			Ground all phases not under test!
			A	B	C	
	Disconnect Line To GND	1000 VDC				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
Disconnect Load To GND	1000 VDC					
Disconnect Line to Load	1000 VDC					
Comments:						



INSPECTION FORM
NON-FUSIBLE DISCONNECT SWITCH, 600V


Page 2 of 2

ID

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

	INSPECTION FORM PANELBOARD, LOW VOLTAGE		Page 1 of 2
			ID:
Project	Facility:	Project Name:	
	Area :	Bid Opportunity:	

Panelboard Data	Location:		Fed From:		No. of Circuits:	
	Manufacturer:			Model:	Serial No:	
	Rated Voltage:	V	Current Rating:	A	Withstand Rating:	A
	<input type="checkbox"/> Single Phase		<input type="checkbox"/> 3 Phase, 3 Wire	<input type="checkbox"/> 3 Phase, 4 Wire	Neutral Bonded to Ground	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Main Lugs					
	<input type="checkbox"/> Main Breaker:	Rating:	A	Manufacturer:	Model:	Inst. Setting:
	<i>Complete separate inspection form (F-BKR-MC-LV) for main breaker if >= 250A, or has long, short, or ground fault settings.</i>					

Visual Inspection / Cleaning	Identification Tag Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual signs of Moisture:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Corona:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fuse/Breaker Sizes Match Drawings:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cables Supported Appropriately:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found):	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Connections:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Door Mechanical:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Ground Connection:	<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Exercise All Circuit Breakers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:	

Insulation Resistance Test	Test Preparation:	Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.				Equipment Temperature: °C				
	Test Voltage	Insulation Resistance (MΩ) Ground all Phases not under test!						Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed			
		A-GND		B-GND		C-GND				N-GND	
		RDG	20°C	RDG	20°C	RDG	20°C			RDG	20°C
	Test Voltages: 120-300V → 500 VDC Test Voltage 301-600V → 1000 VDC Test Voltage										
Comments:											

Load/Feeder Breakers	Breakers < 100A and Without Inst. Setting					
	<i>List by model of breaker. Multiple breakers of varying ampacity may be listed per line.</i>					
	Type	Manufacturer	Model Series	Interrupting Rating (kA)	Positions/Circuits	Notes
	A					
	B					
	C					
	D					



INSPECTION FORM PANELBOARD, LOW VOLTAGE

ID:

Breakers >= 100A or with Inst. Setting									
<i>List each breaker individually. Complete separate inspection form (F-BKR-MC-LV) for breaker if >= 250A, or has long, short, or ground fault settings.</i>									
Load/Feeder Breakers	ID	Pos.	Manufacturer	Model	Trip Rating (A)	Int. Rating (kA)	Inst. Setting	Separate Form	Notes
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



INSPECTION FORM VOLTAGE MONITOR, SSAC-WVM

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Relay Data	Location:	Cell #:
	Manufacturer:	Model:
	Type:	Serial No.:
	Comments:	

Visual Inspection		A	B	C		A	B	C
	Moisture/Rust:				Relay Cleaned:			
	Over-heating:				Screws Tightened:			
	Cover/Case:							
	Legend: A-Acceptable C-Corrected N-Needs Repair NA-Not Applicable							
Comments:								

Relay Settings	Parameter	Setting (As Found)	Setting (As Left)
	Line Voltage		
	Unbalance		
	Trip Delay		
	Restart Delay		
	Mode Switch		

Basic Voltage Tests	Desired Phase Voltage			Actual Voltage			Relay State	Time to Change	OK
	A	B	C	A	B	C			
		600	600	600					
	0	600	600						
	600	600	600						
	600	0	600						
	600	600	600						
	600	600	0						
	600	600	600						
Comments:									



**INSPECTION FORM
VOLTAGE MONITOR, SSAC-WVM**

Page 2 of 2

ID:

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

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INSPECTION FORM TRANSFORMER, DRY TYPE, LOW VOLTAGE

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Transformer Data	KVA:	Phase:	Primary Voltage: _____ V	Secondary Voltage: _____ V						
	Manufacturer:		Type:	Serial Number:						
	Primary Winding: <input type="checkbox"/> Δ <input type="checkbox"/> Y	Secondary Winding: <input type="checkbox"/> Δ <input type="checkbox"/> Y	Impedance: _____ %Z	Temp Rise: _____ °C	K Factor:					
	Winding Material: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum									
	No Load Tap Changer	Tap Voltage	1	2	3	4	5			

Visual Inspection / Cleaning	Transformer Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Bushings: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Support Insulators: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Paint: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	No Load Tap Changer: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Fans: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Fan Controls: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Temp. Gauge: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Neutral Bonded to Ground: <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> No Photograph Taken: <input type="checkbox"/> Yes <input type="checkbox"/> No

Operational Inspection	Operational Conditions / Notes:					
	Primary Voltage:	H1:H2: _____ V	H2:H3: _____ V	H3:H1: _____ V	Measured at:	
	Secondary Voltage:	X1:___: _____ V	X2:___: _____ V	X3:___: _____ V	Measured at:	
	Current:	Ph A: _____ A	Ph B: _____ A	Ph C: _____ A	Measured at:	
	Tap Setting:	<input type="checkbox"/> Appears Satisfactory <input type="checkbox"/> Further Monitoring Recommended. <input type="checkbox"/> Recommend Changing Tap.			Tap Setting (As Left):	
	Thermographic Inspection Performed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attach report separately	Results:	<input type="checkbox"/> No Issues Found <input type="checkbox"/> Potential Issue Identified.	

Insulation Resistance	Winding	Test Voltage (Vdc)	Resistance (MΩ)		Dielectric Absorption Ratio 60s/30s
			30 sec	60 sec.	
	Primary to Ground, Secondary Guarded				
	Secondary to Ground, Primary Guarded				
	Primary to Secondary, Ground Guarded				



**INSPECTION FORM
TRANSFORMER, DRY TYPE, LOW VOLTAGE**

Page 2 of 2

ID: _____

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.