

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Capacitor Bank Data	Location:	Switchgear/MCC:	Cell #:
	Manufacturer:	Model:	Serial #:
	Total Size: VAR	Smallest Step Size: VAR	Rated Voltage:
	# of Steps:	Stage Ratios:	Interrupting Rating:
	Configuration: <input type="checkbox"/> Delta <input type="checkbox"/> Wye-Ungrounded <input type="checkbox"/> Wye-Grounded		

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	Electro/Mechanical Interlock: <input type="checkbox"/> N/A <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	Contactors 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
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise Circuit Breaker(s)/Disconnect: <input type="checkbox"/> Yes
	Unit Cleaned: <input type="checkbox"/> Yes	Photograph Taken: <input type="checkbox"/> Yes
	Comments:	

Insulation Resistance Test	Test Preparation:	Source Cables: <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.																														
		Insulation Resistance (MΩ) 1000V Phase To GND	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed																														
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">A (A-B)</th> <th style="width:33%;">B (B-C)</th> <th style="width:33%;">C (C-A)</th> </tr> <tr> <td>Incoming</td> <td></td> <td></td> </tr> <tr> <td>Step 1</td> <td></td> <td></td> </tr> <tr> <td>Step 2</td> <td></td> <td></td> </tr> <tr> <td>Step 3</td> <td></td> <td></td> </tr> <tr> <td>Step 4</td> <td></td> <td></td> </tr> <tr> <td>Step 5</td> <td></td> <td></td> </tr> <tr> <td>Step 6</td> <td></td> <td></td> </tr> <tr> <td>Step 7</td> <td></td> <td></td> </tr> <tr> <td>Step 8</td> <td></td> <td></td> </tr> </table>		A (A-B)	B (B-C)	C (C-A)	Incoming			Step 1			Step 2			Step 3			Step 4			Step 5			Step 6			Step 7			Step 8		
	A (A-B)	B (B-C)		C (C-A)																													
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Step 8																																	
Comments:																																	



**INSPECTION FORM
MULTI-STEP CAPACITOR BANK, 600V**

ID:

Step #	Capacitance (μF)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	A (A-B)	B (B-C)	C (C-A)	
1				
2				
3				
4				
5				
6				
7				
8				
Comments:				

Step #	Resistance (Ω)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	A (A-B)	B (B-C)	C (C-A)	
1				
2				
3				
4				
5				
6				
7				
8				
Comments:				



**INSPECTION FORM
MULTI-STEP CAPACITOR BANK, 600V**


ID:

Contactor Pole Measurements	Contactor	Resistance ($\mu\Omega$)			Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
		A	B	C	
	Incoming				
	Step 1				
	Step 2				
	Step 3				
	Step 4				
	Step 5				
	Step 6				
	Step 7				
Step 8					
Comments:					

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 BUSWAY, 600V		Page 1 of 2
			ID:
Project	Facility:	Project Name:	
	Area :	Bid Opportunity:	

Busway Data	Source:		Dest. / Load:	
	Manufacturer:		Type:	Conductor: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum
	Ampacity: A	Configuration: <input type="checkbox"/> 3Ø, 3W <input type="checkbox"/> 3Ø, 4W <input type="checkbox"/> Other:		Neutral Rating: <input type="checkbox"/> N/A, or %
	Grounding: <input type="checkbox"/> Integral to Housing <input type="checkbox"/> Internal - Non-Isolated <input type="checkbox"/> Internal - Isolated			Ground Rating: %
	Rated Voltage: V	Operating Voltage: V	Withstand Rating: kA	Date Installed:
	Length: m <input type="checkbox"/> Measured <input type="checkbox"/> From Drawings <input type="checkbox"/> Previous Data			Installation: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors

Visual Inspection	Physical Damage on Exposed Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No	Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No	Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cover Plates in Place: <input type="checkbox"/> Yes <input type="checkbox"/> No	Physical Orientation Conforms to Manufacturer's Labels: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Grounding: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Ventilation Openings: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Ventilation Openings Cleaned: <input type="checkbox"/> Yes <input type="checkbox"/> N/A
	<i>The following inspection items are only required for busway routed through outdoors or through wet / cold environments.</i>	
	Condition of Gaskets: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Joint Shield Installation: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Weep Hole Plugs Removed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Heaters Operate: <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		Cable Dest. / Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load Isolated			
	Busway Temperature: °C		Temperature Correction Factor for 20°C: _____			
	Test Voltage	Insulation Resistance (MΩ)				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	
	1000V	Reading				
	Corrected to 20°C					
Comments:						



**INSPECTION FORM
BUSWAY, 600V**

Page 2 of 2

ID:

Total Impedance	Test	Phase				Units
		A	B	C	N	
	Resistance					
	Inductance					
Comments:						

Final Analysis	Busway 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				