

Facilities & Infrastructure

TESTING AGENT:

Low Voltage Cable

PROJECT NAME:		PROJECT NUMBER:	
FACILITY NAME:		EQUIP. ROOM NO:	
PROJECT EQ. ID:		MAXIMO EQ. ID NO:	
EQUIP. CELL NO:		TEST AGENT PROJ. #:	
PROJECT REFDWG:		MFR. REF. DWG NO:	
RECORD PICTURES:		REPLACEMENT COST:	
POWER FEEDER ID:		CONTROL CKT ID:	
DEVICE/FEEDER ID:		DATE TEST ACCEPTED:	
DEVICE ADDRESS:	TCP/IP:	INCOM:	MODBUS RTU:

EQUIPMENT LOCATION					EQUIPMENTID				
1									
2									
3									
4									
5									
6									
7									
CABLE ID		TEST VOLTS	CONDUCTORS PER PHASE	CONDUCTOR SIZE	VALUES IN MegOhms				
					A	B	C	N	G
1		V							
2		V							
3		V							
4		V							
5		V							
6		V							
7		V							

EQUIPMENT LOCATION					EQUIPMENTID				
8									
9									
10									
11									
12									
13									
14									
CABLE ID		TEST VOLTS	CONDUCTORS PER PHASE	CONDUCTOR SIZE	VALUES IN MegOhms				
					A	B	C	N	G
8		V							
9		V							
10		V							
11		V							
12		V							
13		V							
14		V							

COMMENTS:

Equipment Maintainability and Recorded Data is Witnessed and Certified by:

1. Commissioning Agent: _____, Date: _____
2. Engineer of Record: _____, Date: _____
3. Port Engineer: _____, Date: _____
4. Port AVF&I: _____, Date: _____
5. Port AVM: _____, Date: _____