

TESTING AGENT:
Ground Test Point To Point
Facilities & Infrastructure

PROJECT NAME:				PROJECT NUMBER:			
FACILITY NAME:				EQUIP. ROOM NO:			
PROJECT EQ. ID:				MAXIMO EQ. ID NO:			
EQUIP. CELL NO:				TEST AGENT PROJ. #:			
PROJECT REF DWG:				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:

FIELD DATA

EQUIPMENT LOCATION:				EQUIPMENT ID:			
REF. DWG. #:				DWG. REV. #:		REVDATE:	

INSPECTION DATA

GROUND SYSTEM:				EQUIPMENT BONDING:			
FENCE BONDING:				GROUND WELLS:			
LEGEND: A-ACCEPTABLE C-CORRECTED N-NEEDS REPAIR NA-NOT APPLICABLE NS-NOT IN SCOPE							

ELECTRICAL TEST DATA

LEAD RESISTANCE (Ohms):											
REFERENCE POINT 1:						REFERENCE POINT 3:					
REFERENCE POINT 2:						REFERENCE POINT 4:					
	COND. SIZE	ACTUAL RESISTANCE	REF. POINT		COND. SIZE	ACTUAL RESISTANCE	REF. POINT		COND. SIZE	ACTUAL RESISTANCE	REF. POINT
1				26				51			
2				27				52			
3				28				53			
4				29				54			
5				30				55			
6				31				56			
7				32				57			
8				33				58			
9				34				59			
10				35				60			
11				36				61			
12				37				62			
13				38				63			
14				39				64			
15				40				65			
16				41				66			
17				42				67			
18				43				68			
19				44				69			
20				45				70			
21				46				71			
22				47				72			
23				48				73			
24				49				74			
25				50				75			

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: _____