Test Record for Distribution Feeder Record No.: Cable (M.V./H.V.)						
Client:		Subcontractor:				
Project No.:		Subcontract P.O. No.:				
Project Name:		Substation No.:				
Additional Information:		1			,	
Cable Vendor:		Cores:				
P.O. No.:		System Voltage:				
Location:		Cables Rated:				
Cable No.:		Reference Document:				
Items to inspect		Subcontractor Company				Remarks
		inspected initials/date	Hold Point	inspected* initials/date		
Notes:						
Tests marked (C) are required for pre-commissioning inspection only All activities must be witnessed by Compare	ny's					
Supervisor						
1.0 Establish and record: (C) The length of cable						
2.0 HV pressure test (C) (3min. on 100% test voltage)						
Test voltage Current leakage kV R S	mA T					
3.0 Insulation resistance test						
Phase R S T Mol	hm					
Tester used:						
H - Company's presence is mandatory for all activities in section. h - Company's presence is mandatory. Accepted for Subcontractor	Accepted for	or Con	Attachments, No. of		cepted for Client	
Accepted for Subcontractor Accepted for Company Name: Name:					Name:	
Signature: Signature:					Signature:	
Date: Date:					Date:	*Company only initials for holdpoin