Client: ——	Subcontractor: ——
Project No.: ——	Subcontract P.O. No.: ——
Project Name: ——	Substation No.:

Additional information:

Manufacturer:	Switching device: Type
P.O. No.:	Function:
Location:	Rating:
Switchboard No.:	
Panel No.:	Reference Document:

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
1.0 Record the reading of the operations counter		h		
2.0 Check the following items and report any deviations/defects under remarks:		H		
2.1 Circuit labelling correct				
2.2 Operation of safety shutters				
2.3 Padlocking facilities				
2.4 Interlocking facilities, mechanical/electrical				
2.5 Mechanical position indicators, indicating lights				
2.6 Insulating bushings and barriers				
2.7 Cable box and terminations				
2.8 Alignment of main and auxiliary contacts				
2.9 Mechanical closing and tripping				
2.10 Electrical closing local/remote				
2.11 Electrical tripping local/remote				

H - Company's presence is mandatory for all activities in section.
h - Company's presence is mandatory.

Attachments, No. of pages:

Accepted for Subcontractor	Accepted for Company	Accepted for Client
Name: ——	Name: ——	Name: ——
Signature:	Signature:	Signature:
Date: ——	Date: ——	Date: ——

*Company only initials for holdpoint

Client: ——	Subcontractor: ——
Project No.: ——	Subcontract P.O. No.: ——
Project Name: ——	Substation No.:

Additional information:

Manufacturer:	Switching device: Type
P.O. No.:	Function:
Location:	Rating:
Switchboard No.:	
Panel No.:	Reference Document:

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
2.12 Alarm indications local/remote				
2.13 Anti-condensation heater				
- test insulation resistance at 500 V ....Mohm				
2.14 Secondary and auxiliary wiring				
- test insulation resistance at 500 V ....Mohm				
3.0 Earthing:		h		
Check the conditions of earthing bar and connections				
Test the earthing bar continuity .... Micro Ohm				
4.0 Record fuse type/rating		h		

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Attachments, No. of pages:

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Name: ——	Name: ——	Name: ——
Signature:	Signature:	Signature:
Date: ——	Date: ——	Date: ——

*Company only initials for holdpoint

Client: ———	Subcontractor: ———
Project No.: ———	Subcontract P.O. No.: ———
Project Name: ———	Substation No.:

Additional information:

Manufacturer:	Switching device: Type
P.O. No.:	Function:
Location:	Rating:
Switchboard No.:	
Panel No.:	Reference Document:

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected* initials/date	
5.0 HV pressure test - circuit breaker (for pre-commissioning inspection only) Test voltage DC leakage current - MA .... kV R .... S .... T .... kV R .... S .... T .... Tester used:		h		
6.0 Insulation resistance - circuit braker: Test voltage .... V DC Phase R .... S .... T .... Mohm Tester used:		h		
7.0 Conductivity test - circuit braker: Phase R .... S .... T .... Ohm Ducter used:		h		
8.0 Current transformer test completed Sheet no.: Protection relay test completed Sheet no.:		h		
9.0 Remedial action required:				

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Attachments, No. of pages:

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Name: ———	Name: ———	Name: ———
Signature:	Signature:	Signature:
Date: ———	Date: ———	Date: ———

*Company only initials for holdpoint