

Test Record for Overcurrent/Earth/Fault Protection Relay (induction type)

Record No.: _____

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

<u>Additional Information:</u>	Current setting range:	CT ratio:
Manufacturer:	Selected setting: A	
P.O. No.:	Time setting range:	
Location:	Selected setting: %:	
Switchboard No.:		
Panel No.:		
Relay:		
Type: Reference Document:		

Note: All activities are HOLD points and must be witnessed by Company's Supervisor and manufacturer's representative, if on site.

Check correct trip action
Check correct flag operation

Notes:
S = preferably at selected setting NA = Not Applicable
Values to be filled in for each overcurrent and earth/fault element

Relay setting after test:	
Instantaneous element	A
Current setting	A
Time setting	%
Adhesive label provided	

Witnessed by:	Remarks:
Manufacturer's representative:	
Name:	
Signature:	
Date:	
Company's representative:	
Name:	
Signature:	
Date:	
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