# Appendix D:
# Standard Site Form for Mechanical & Electrical Work

| | |
|---|---|
| FORM M-GE-1 | SECTIONAL PIPE PRESSURE TEST FORM |
| FORM M-GE-2 | PIPE WELDED JOINT AIR TEST |
| FORM M-GE-3 | PRE-COMMISSIONING OF PUMPS<br>- INSTALLATION CHECK<br>- CABLE INSULATION |
| FORM M-GE-4 | TESTING AND COMMISSIONING OF OVERHEAD TRAVELING CRANE |
| FORM M-GE-5 | TESTING AND COMMISSIONING OF DIESEL GENERATOR |
| FORM M-GE-6 | TESTING AND COMMISSIONING OF PUMPS<br>-FLYGT SUBMERSIBLE PUMP (MAS) CONTROLLER PROTECTION SETTING |
| FORM M-GE-7-1 | TESTING AND COMMISSIONING OF PUMPS<br>HORIZONTAL SPLIT CASING PUMP & MOTOR PROTECTION SETTING |
| FORM M-GE-7-2 | TESTING AND COMMISSIONING OF AUXILLARY PUMPS |
| FORM M-GE-7-3 | TESTING AND COMMISSIONING OF EC PUMPS |
| FORM M-GE-8 | SURGE COMPRESSION SYSTEM TEST FORM |
| FORM M-GE-9 | TESTING AND COMMISSIONING OF AIR COMPRESSOR |
| FORM M-GE-10 | DIESEL GENERATOR OPERATION RECORD |
| FORM M-GE-11 | RAW WATER PUMP OPERATION RECORD |
| FORM M-GE-12 | TREATED WATER PUMP OPERATION RECORD |
| FORM M-GE-13 | TOP ENTRY MIXER TEST FORM |
| FORM M-GE-14 | METERING PUMP TEST FORM |
| FORM M-GE-15 | AIR BLOWER TEST FORM |
| FORM M-GE-16 | JAR TEST FORM |
| FORM M-GE-17 | FILTER TEST FORM |
| FORM M-GE-18 | FLOW METER TEST FORM |
| FORM M-GE-19 | ELECTRIC ACTUATOR TEST FORM |
| FORM M-GE-20 | FILTER VALVE/ PENSTOCK OPERATION TEST FORM |

# Appendix D:
# Standard Site Form for Mechanical & Electrical Work

| | |
|---|---|
| FORM E-LV-1 | TESTING AND COMMISSIONING OF SWITCH BOARD |
| FORM E-LV-2 | TESTING AND COMMISSIONING OF GENERATOR SETS |
| FORM E-LV-3 | MAIN POWER CABLE INSULATION TEST |
| FORM E-LV-4 | EARTH RESISTANCY TEST |
| FORM E-LV-5 | DISTRIBUTION BOARD SUB-CIRCUIT TEST |
| FORM E-LV-6 | AIR CONDITIONING UNIT TEST |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
| GROUP ENGINEERS MALAYSIA SDN BHD | | JABATAN BEKALAN AIR LUAR BANDAR SARAWAK |

FORM M-GE-1

## SECTIONAL PIPE PRESSURE TEST FORM

***Location:*** _____

Instruments Used : _____
Drawing No. (if any) : _____
Working Pressure: _____ Psi / Bar
Test Pressure : _____ Psi / Bar
Specified Duration : _____
Pipe Length / Chainage: _____

| Item | Date / Time | Reading ( ) Units | Date/ Time | Reading ( ) Units | Duration | Weather | Remarks |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |

TEST RESULT : ☐ ACCEPTED ☐ REJECTED

Comment: _____

| Tested By: | Witnessed By: | |
|---|---|---|
| *Contractor Representative* | *Consultant Representative* | *Client Representative* |
| | | |
| Name:…… | Name:…… | Name:…… |
| Date:…… | Date:…… | Date:…… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
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FORM M-GE-6

# TESTING AND COMMISSIONING OF PUMPS

## SUBMERSIBLE PUMP (MAS) CONTROLLER PROTECTION SETTING

Pump No. / Location: _____ Equipment Tag No. : _____

Serial No. : _____ Date : _____

| PUMP MAS PROTECTION | | Pre-Set Value | | |
|---|---|---|---|---|
| | | Warning | Trip | Unit |
| a) | Temperature Stator ph 1 | | | °C |
| b) | Temperature Stator ph 2 | | | °C |
| c) | Temperature Stator ph 3 | | | °C |
| d) | Temperature Main Bearing | | | °C |
| e) | Leakage Stator Housing | | | mA |
| f) | Leakage Junction Box | | | mA |
| g) | Vibration | | | mm/s |
| h) | Pump Current | | | Amp |
| g) | Current Unbalance | | | % |
| h) | Voltage Unbalance | | | % |
| i) | Low Power | | | kW |
| | | | | |
| | | | | |

| PUMP OPERATION PROTECTION | | Pre-Set Value | | |
|---|---|---|---|---|
| a) | Low Water Level in Suction Chamber / Reservoir | | | m |
| b) | Discharge Main Pipe High Pressure Stop - Pressure Sensor | | | Bar |
| c) | Discharge Header High Pressure Stop - Pressure switch | | | Bar |
| | | | | |

Remarks :

| Tested By: | Witnessed By: | |
|---|---|---|
| *Contractor Representative* | *Consultant Representative* | *Client Representative* |
| | | |
| Name: …… | Name: …… | Name: …… |
| Date : …… | Date : …… | Date : …… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
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FORM M-GE-7

- Sheet 1/2

# TESTING AND COMMISSIONING OF PUMPS
## HORIZONTAL SPLIT CASING PUMP & MOTOR PROTECTION SETTING

Pump No. / Location : _____ Equipment Tag No. : _____

Serial No. : _____ Date : _____

| PUMP & MOTOR PROTECTION | | Pre-Set Value | | |
|---|---|---|---|---|
| a) | Low Water Level in Suction Reservoir | | | m |
| b) | Valve Closed Interlock | | | |
| | | **Warning** | **Trip** | **Unit** |
| c) | Motor Winding | | | °C |
| d) | Motor NDE Bearing | | | °C |
| e) | Motor DE Bearing | | | °C |
| f) | Pump NDE Bearing | | | °C |
| g) | Pump DE Bearing | | | mA |
| h) | Heater connection | | | |
| i) | Pump Discharge Pressure Switch | | | |
| j) | Discharge Main Pipeline Pressure Sensor | | | |

Remarks :

| Tested By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name: ……<br>Date : …… | Name: ……<br>Date : …… | Name: ……<br>Date : …… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
| GROUP ENGINEERS MALAYSIA SDN BHD | | JABATAN BEKALAN AIR LUAR BANDAR SARAWAK |

FORM M-GE-7



# TESTING AND COMMISSIONING OF PUMPS
## HORIZONTAL SPLIT CASING PUMP & MOTOR PROTECTION SETTING

System: _____ Location : _____

m) Instruments Signal Output Scaling:

| | Minimum | Maximum |
|---|---|---|
| System Level Sensor | ( ) mA | ( ) mA |
| System Pressure Sensor | ( ) mA | ( ) mA |
| | | |

** Data obtain from sensor name plate*

n) Instruments / Sensors Signal Record

| | Sensor Signal Output (Min) | Sensors Reading | Sensor Signal Output (Max) | Sensors Reading |
|---|---|---|---|---|
| System Level Sensor | 4 mA | ( ) m | 20 mA | ( ) m |
| System Pressure Sensor | 4 mA | ( ) Bar | 20 mA | ( ) Bar |
| | | | | |

** Reding obtain from sensor name plate or logged in to sensor's system parameter*

Remarks :

| Tested By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name: ……<br>Date : …… | Name: ……<br>Date : …… | Name: ……<br>Date : …… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
| GEM<br>GROUP ENGINEERS MALAYSIA SDN BHD | | JABATAN BEKALAN AIR LUAR BANDAR SARAWAK |

FORM M-GE-7-2

- Sheet 1/1

# TESTING AND COMMISSIONING OF AUXILLARY PUMPS

Location : _____ Equipment Tag No. : _____

Type: _____ Service: _____

Brand : _____ Model : _____

Power (kw) : _____ Capacity: _____

Serial No. : _____ Date : _____

| PUMP & MOTOR PROTECTION | | Result | |
|---|---|---|---|
| | | Pump 1 | Pump 2 |
| a) | Low Water Level in Suction Chamber - Operation Prohibited (m) | | |
| b) | High Water Level in Suction Chamber - Operation allow (m) | | |
| c) | Emergency Stop Function | | |
| d) | Float Switch Function | | |
| **TEST DESCRIPTION** | | | |
| e) | Closed Valve Current (A) | | |
| f) | Fully Open Valve Current (A) | | |
| g) | Pressure (m) | | |
| h) | Voltage (V) | | |
| i) | Correct Rotation Check | | |
| j) | Observed any abnormal vibration/ sound during operation? | | |

Remarks :

| Tested By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name: …… | Name: …… | Name: …… |
| Date : …… | Date : …… | Date : …… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
| GEM<br>GROUP ENGINEERS MALAYSIA SDN BHD | | JABATAN BEKALAN AIR LUAR BANDAR SARAWAK |

FORM M-GE-8

# SURGE SURPRESSION SYSTEM TEST FORM

***Location:*** _____

**A** ***Air Compressor Functionality Test ( Unit __ of __ )***

*Equipment Information:*

*Manufacturer :* _____ *Rating:* _____

*Model :* _____ *Compressor S/N:* _____

*Motor S/N:* _____ *Capacity :* _____

Air Compressor Operation Test

| | | | | | |
|---|---|---|---|---|---|
| i | Manual Start/Stop | | vi | Overload Trip Test | |
| ii | Auto Start/Stop by pres.sw. | | vii | Overload Trip Set (A) | |
| iii | Running Voltage (V) | | viii | Tank Safety Air Valve functionality Test | |
| v | Running Current (A) | | | - Compressed air safety relief valve set at | |

**B** ***Surge Vessel Functionality Test***

i. Verification of Water Level Electrode cables connection correct.

| Electrode designation | COM | HHWL | HWL | NWL | LWL | LLWL |
|---|---|---|---|---|---|---|
| Panel Terminal Correct | | | | | | |
| Length (m) | | | | | | |

ii. Detected Water Levels Functioning Test

| Status | Change of water level | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| HHWL | | | | | | | | |
| HWL | | | | | | | | |
| NWL | | | | | | | | |
| LWL | | | | | | | | |
| LLWL | | | | | | | | |
| ARV on (Open) | | | | | | | | |
| ARV off (Closed) | | | | | | | | |
| AC Start; Solenoid Valve Open | | | | | | | | |
| AC Stop; Solenoid Valve Close | | | | | | | | |
| LLWL Alarm Cut off Signal Outpost | | | | | | | | |
| HHWL Alarm Cut off signal Outpost | | | | | | | | |
| Eq. Response Action (a/r) | | | | | | | | |

vi Interlock Signal to stop RWP operation Yes/No _____

Comment: _____

| Tested By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name: ……<br>Date : …… | Name: ……<br>Date : …… | Name: ……<br>Date : …… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
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FORM M-GE-12

# TREATED WATER PUMP OPERATION RECORD

**Total Pump On Duty :** _____ **Pump/ motor SN:** _____ /

**Equipment Tag No:** _____ **Date:** _____

***Location:*** _____

***Pump Information*** ***Motor Information***

*Make :* _____ *Motor Speed :* _____ rpm

*Model :* _____ *Motor :* _____ kW

*Duty Point :* _____ *Electrical characteristics:* _____ A

| Time | Individual Pump Discharge Pressure (m) | Main Discharge Header Pressure (m) | Inlet Tank/Channel Water Level (m) | Flow (m3/Hr) | Running Current (Amp) | Voltage (Vac) | Running Speed (Rpm/Hz) | Bearing Temperature (°C) | | | | Motor Winding Temperature (°C) | Vibration (mm/s) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | Pump | | Motor | | | Motor | Pump |
| | | | | | | | | Drive End (DE) | Non Drive End (NDE) | Drive End (DE) | Non Drive End (NDE) | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
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Comment :

| Tested By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name: ..... | Name: ..... | Name: ..... |
| Date: ..... | Date: ..... | Date : ..... |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
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# TOP ENTRY MIXER TEST FORM

**Equipment Tag No. :** _____

**Location :** _____

FORM M-GE-13

## 1. Equipment Details

| MIXER | | MOTOR | |
|---|---|---|---|
| Manufacturer | MIXTEC | Manufacturer | |
| Model | | Serial No. | |
| SerialL No. | | Voltage/ Ph/ V | |
| Tank turnover | | Power / Current | kW Amp |
| Superficial velocity | | Speed | |

| 2. Visual Inspection: | YES | NO | Remark |
|---|---|---|---|
| a) Mixer Frame mounting check | | | |
| b) Mixer shaft alignment check | | | |
| c) Rotation check | | | |
| d) Cable entry & termination | | | |
| e) Emergency stop | | | |
| f) Local Start/Stop | | | |
| g) Operation protection | | | |
| h) Motor installed with shed? ( if applicable) | | | |

## 3 Cable Insulation Test

| Power Cable | R-Y | R-B | Y-B | R-E | Y-E | B-E |
|---|---|---|---|---|---|---|

| 4. Operational Test | | YES | NO | Remark |
|---|---|---|---|---|
| Mixer Stator Method: | Variable Speed Drive ☐ DOL ☐ AT ☐ | | | |
| a) Manual operation test | | | | |
| b) Auto operation test | | | | |
| c) Remote operation test | | | | |
| d) Emergency stop functionality test | | | | |
| e) Low Water Level Start Prohibited Test | | | | |
| f) Local Start/Stop | | | | |
| g) Motor installed with Shed? ( if applicable) | | | | |

## 5. Operation Data

| Voltage (Vac) | | | Current (Amp) | | |
|---|---|---|---|---|---|
| R-Y | R-B | Y-B | R | Y | B |
| Regulated Speed (rpm/Hz) : | | | | | |

Remarks:

| Prepared By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name:…… | Name:…… | Name:…… |
| Date:…… | Date:…… | Date:…… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
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FORM M-GE-14

## METERING PUMP TEST FORM

| 1. EQUIPMENT: | | 2. LOCATION | |
|---|---|---|---|
| **3. EQUIPMENT DETAIL** | | | |
| **PUMP** | | **MOTOR** | |
| MANUFACTURER | PROMINENT | VOLTAGE / PH / Hz | 415V/3ph/50Hz |
| MODEL | | POWER | |
| SERIAL No. | | SERIAL No. | |
| DESIGN CAPACITY | | TYPE ENCLOSURE | IP55 |

| 4. VISUAL INSPECTION: | YES | NO | Remark |
|---|---|---|---|
| a) Dosing skids frame mounting check | | | |
| b) Pipeline leakage check | | | |
| c) Cable entry & termination check | | | |
| d) Emergency stop | | | |
| e) Local Start/Stop | | | |
| f) Rotation check | | | |
| g)Pump suction tank level switch installation | | | |
| h) Motor c/w with force cooling fan (if applicable) | | | |

| 5. INSULATION RESISTANCE TEST | | | |
|---|---|---|---|
| PHASE TO EARTH | R to E: | Y to E: | B to E: |

**6. CHEMICAL METERING PUMP RUNNING DATA**

| CHEMICAL PUMP STROKE (%( | FLOWRATE (L/MIN) | | RUNNING CURRENT (Amp) | VOLTAGE (V) |
|---|---|---|---|---|
| 50 | | | | |
| 40 | | | | |
| 30 | | | | |
| 20 | | | | |

| 7. MANUAL START / STOP FUNCTIONALITY TEST | ACCEPTED : | FAILED : |
|---|---|---|

| 8. PUMP RUNNING CHECK | | 9. PUMP ACCESSORIES SETTINGS | |
|---|---|---|---|
| CALIBRATION CYLINDER (Y/N) : | | BACK PRESSURE VALVE SETTING (Bar): | |
| ABNORMAL NOISE (Y/N) : | | PRESSURE RELIEF VALVE SETTING (Bar): | |
| SUCTION WITH STRAINER (Y/N) : | | SAFETY RELIE PIPE CONNECTED (Y/N) | |

| Prepared By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name:…….<br>Date:…….. | Name:…….<br>Date:…….. | Name:…….<br>Date:…….. |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
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FORM M-GE-20

- Sheet 1/1

## FILTER VALVE/ PENSTOCK OPERATION TEST FORM

| Location | Valve/ Penstock Tag No. | Serial No. | Fully Open Function | Fully Close Operation | Water Tightness Check |
|---|---|---|---|---|---|
| FILTER TANK NO.1 | FIV NO.1 | | | | |
| | FOV NO.1 | | | | |
| | BWV NO.1 | | | | |
| | ASV NO.1 | | | | |
| | WOV NO.1 | | | | |

| Location | Valve/ Penstock Tag No. | Serial No. | Fully Open Function | Fully Close Operation | Water Tightness Check |
|---|---|---|---|---|---|
| FILTER TANK NO.2 | FIV NO.2 | | | | |
| | FOV NO.2 | | | | |
| | BWV NO.2 | | | | |
| | ASV NO.2 | | | | |
| | WOV NO.2 | | | | |

| Location | Valve/ Penstock Tag No. | Serial No. | Fully Open Function | Fully Close Operation | Water Tightness Check |
|---|---|---|---|---|---|
| FILTER TANK NO.3 | FIV NO.3 | | | | |
| | FOV NO.3 | | | | |
| | BWV NO.3 | | | | |
| | ASV NO.3 | | | | |
| | WOV NO.3 | | | | |

| Location | Valve/ Penstock Tag No. | Serial No. | Fully Open Function | Fully Close Operation | Water Tightness Check |
|---|---|---|---|---|---|
| FILTER TANK NO.4 | FIV NO.4 | | | | |
| | FOV NO.4 | | | | |
| | BWV NO.4 | | | | |
| | ASV NO.4 | | | | |
| | WOV NO.4 | | | | |

Remarks :

| Tested By: | Witnessed By: | |
|---|---|---|
| ***Contractor Representative*** | ***Consultant Representative*** | ***Client Representative*** |
| | | |
| Name: …… | Name: …….. | Name: ……..…… |
| Date : …… | Date : ……..…….. | Date : ……..…… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
| GROUP ENGINEERS MALAYSIA SDN BHD | | JABATAN BEKALAN AIR LUAR BANDAR SARAWAK |

FORM E-LV-3

## MAIN POWER CABLE INSULATION TEST

**Location:** _____

**Insulation Tester Detail**

**Model:** _____ Cal. Certificate No: _____

**Serial No:** _____ Voltage Inject : _____

| Item | From Point (Eq.Tag) | To Point (Eq.Tag) | Cable Detail | | | Service | Results (Mega Ohm) | DATE TESTED |
|---|---|---|---|---|---|---|---|---|
| | | | Core | Size ($mm^2$) | Type | | | |
| R1-R2 | | | | | | | | |
| R1-R3 | | | | | | | | |
| R1-Y1 | | | | | | | | |
| R1-Y2 | | | | | | | | |
| R1-Y3 | | | | | | | | |
| R1-B1 | | | | | | | | |
| R1-B2 | | | | | | | | |
| R1-B3 | | | | | | | | |
| R1-N1 | | | | | | | | |
| R1-N2 | | | | | | | | |
| R2-R3 | | | | | | | | |
| R2-Y1 | | | | | | | | |
| R2-Y2 | | | | | | | | |
| R2-Y3 | | | | | | | | |
| R2-B1 | | | | | | | | |
| R2-B2 | | | | | | | | |
| R2-B3 | | | | | | | | |
| R2-N1 | | | | | | | | |
| R2-N2 | | | | | | | | |
| R3-Y1 | | | | | | | | |
| R3-Y2 | | | | | | | | |
| R3-Y3 | | | | | | | | |
| R3-B1 | | | | | | | | |
| R3-B2 | | | | | | | | |
| R3-B3 | | | | | | | | |
| R3-N1 | | | | | | | | |
| R3-N2 | | | | | | | | |
| Y1-Y2 | | | | | | | | |
| Y1-Y3 | | | | | | | | |
| Y1-B1 | | | | | | | | |
| Y1-B2 | | | | | | | | |
| Y1-B3 | | | | | | | | |

Tested Result : ☐ ACCEPTED ☐ REJECTED

Remarks :

| Tested By: | Witnessed By: | |
|---|---|---|
| *Contractor Representative* | *Consultant Representative* | *Client Representative* |
| | | |
| Name:…… | Name:…… | Name:…… |
| Date:…… | Date:…… | Date :…… |

| MAIN CONTRACTOR: | PROJECT TITLE: | CLIENT: |
|---|---|---|
| GEM<br>GROUP ENGINEERS MALAYSIA SDN BHD | C | JABATAN BEKALAN AIR LUAR BANDAR SARAWAK |

FORM E-LV-5

# DISTRIBUTION BOARD SUB-CIRCUIT TEST

Location : _____

Building : _____ Panel Rating : _____

Panel Tag: _____ Name of RCCB : _____

| Circuit No. | No. of Outlet/points | Overcurrent Devices | | | Test Result | | | | | | | | | Main RCCB Time (ms) | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Continuity Test | | | Insulation Resistance Test for Circuit (M.Ohms) | | | | | | | |
| | | Type | Rating (A) | Breaking Capacity (KA | R1 + R2 (Ohms) | R2 (Ohms) | Ring Circuit | R-Y | Y-B | B-R | RYB-E/L-E | RYB-N/L-N | N-E | At 0 | At 180 |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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Inspection Result : ☐ ACCEPTED ☐ REJECTED

Remarks :

| Tested By: | Witnessed By: | |
|---|---|---|
| *Contractor Representative* | *Consultant Representative* | *Client Representative* |
| | | |
| Name:…… | Name : …… | Name: ……..……. |
| Date:…… | Date : …… | Date : ……..…… |