|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GENERAL DETAILS Enter “N/A” for non-applicable fields. | | | | | | | | | | | | | | |
| ITR Number: | | | 561482-DOW-ITR-EL-0006 | | | | ITP Number: | | | |  | | | |
| Project Name: | | | Pump Station Renewals – Silverstream Pumps | | | | Contract/ Project No: | | | | 561483 | | | |
| Area: | | | Pumps | | | | Discipline: | | | | EICA | | | |
| Reference Drawing: | | |  | | | | | | | | | | | |
| System Reference: | | | Pump 2 | | | | System Description: | | | |  | | | |
| Motor Size: | | |  | | | | Motor Brand: | | | |  | | | |
| Motor Serial: | | |  | | | | Motor Connection(circle): | | | | Δ Υ | | | |
| Tag Number: | | |  | | | | PAU/ Skid Number: | | | | N/a | | | |
| INSPECTION | | | | | | | | | | | | | | |
| Equipment, sub-system or system to be function tested during pre-commissioning must be subject to safety measures including, but not necessarily limited to: SWMS, Notice of Energisation, erection of safety barriers with warning signs and an open communication channel between testing personnel. Energisation and site acceptance test procedures are to be conducted with subcontractor/ supplier representative(s) as required. | | | | | | | | | | | | | | |
| **Completion Verification** | | | | | | | | | | | | | | |
| **Item** | **Description** | | | | | | | | | | | **Yes** | **No** | **N/A** |
|  | Cable test and inspection completed | | | | | | | | | | |  |  |  |
|  | Motor switchgear ITR completed | | | | | | | | | | |  |  |  |
|  | Punch list “A” items completed from cable test sheet | | | | | | | | | | |  |  |  |
|  | Hazardous area check sheets completed and accepted | | | | | | | | | | |  |  |  |
| **Equipment Specific Pre Commissioning**  Ensure interlocks are healthy (force status/ link out). Apply control voltage to motor starter circuit. Verify control/ trip functions. Ensure motor is safe to start – close MCC breaker. | | | | | | | | | | | | | | |
| **Item** | **Description** | | | | | | | | | | | **Yes** | **No** | **N/A** |
|  | Prove electrical isolation | | | | | | | | | | |  |  |  |
|  | Verify operation of local control station | | | | | | | | | | |  |  |  |
|  | Rotating parts guarded | | | | | | | | | | |  |  |  |
|  | Confirm motor frame earth | | | | | | | | | | |  |  |  |
|  | Confirm motor alignment checks completed | | | | | | | | | | |  |  |  |
|  | Confirm motor is safely uncoupled | | | | | | | | | | |  |  |  |
|  | Record frame earth continuity \_\_\_\_\_\_\_\_\_\_\_\_\_W | | | | | | | | | | |  |  |  |
|  | Confirm motor lubrication | | | | | | | | | | |  |  |  |
|  | Feeder protection settings match motor (record in Tests section below) | | | | | | | | | | |  |  |  |
|  | Emergency stop | | | | | | | | | | |  |  |  |
|  | Circuit earth fault | | | | | | | | | | |  |  |  |
|  | Motor oil temperature trip/ alarm | | | | | | | | | | |  |  |  |
|  | Motor winding temperature trip/ alarm | | | | | | | | | | |  |  |  |
|  | Local stop | | | | | | | | | | |  |  |  |
|  | Remote stop | | | | | | | | | | |  |  |  |
|  | Phase differential trip | | | | | | | | | | |  |  |  |
|  | Duty/ standby | | | | | | | | | | |  |  |  |
| INSPECTION, continued | | | | | | | | | | | | | | |
| **Equipment Specific Pre Commissioning**, continued | | | | | | | | | | | | | | |
| **Item** | **Description** | | | | | | | | | | | **Yes** | **No** | **N/A** |
|  | Other: (specify) | | | | | | | | | | |  |  |  |
|  | Verify motor rotating in correct direction | | | | | | | | | | |  |  |  |
|  | Verify motor local stop | | | | | | | | | | |  |  |  |
|  | Confirm run up time | | | | | | | | | | |  |  |  |
|  | Verify DCS/ remote stop | | | | | | | | | | |  |  |  |
|  | Confirm starting current (as required for larger motor KW) | | | | | | | | | | |  |  |  |
|  | Verify trips and interlocks as per above control circuit function tests | | | | | | | | | | |  |  |  |
|  | Ensure all temporary links/ forces are removed and isolations re-instated/ locked out | | | | | | | | | | |  |  |  |
| **Tests** | | | | | | | | | | | | | | |
| As required carry out no load run until winding temperatures stabilise and confirm vibration levels. Enter “N/A” for non-applicable fields.   |  |  |  |  | | --- | --- | --- | --- | | Record Bearing Temperatures: | DE: \_\_\_\_\_\_\_\_\_\_\_\_°C | NDE: \_\_\_\_\_\_\_\_\_\_\_\_°C |  | | Record Winding Temperatures: | W1: \_\_\_\_\_\_\_\_\_\_\_\_°C | W2: \_\_\_\_\_\_\_\_\_\_\_\_°C | W3: \_\_\_\_\_\_\_\_\_\_\_\_°C | | DE(X): \_\_\_\_\_\_\_\_\_\_\_\_\_m/s2 | DE(Y): \_\_\_\_\_\_\_\_\_\_\_\_m/s2 | NDE (X): \_\_\_\_\_\_\_\_\_\_m/s2 | NDE (Y): \_\_\_\_\_\_\_\_\_\_m/s2 | | Thermal Overload Setting: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A | Contactor Rating: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A | | | | | | | | | | | | | | | |
| verification | | | | | | | | | | | | | | |
| Deficiencies Identified: (Select one) | | | |  | | Rectified/ Closed-Out | |  | | Punch Listed | | | | |
| comments | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| ACCEPTANCE | | | | | | | | | | | | | | |
| I hereby confirm the work has been completed in accordance with contract specified/ referenced drawings, technical specifications and standards. | | | | | | | | | | | | | | |
| **Inspection/ Verification Company** | | | | | **Name** (Capitals) | | | | **Signature** | | | | **Date** | |
| Inspection By: | |  | | |  | | | |  | | | |  | |
| Verified By: | |  | | |  | | | |  | | | |  | |