

Task Details

Employee: Staff One Client: Client 1 Client Location: BLock 1

Title: Test All Forms Date: Sep 15, 2017, 01:30 PM

Description: Only for testing

Task Status: Approved

High Pressure Test Report

High Voltage Test Report					
Client	Client 1				
Project	Test Project 1				
Elect. Contractor	Test Contractor 1				
Panel name	Panel 1				Dwg No : 110
Voltage Rating	L-L : 7	V	L-N : 10	V	Frequency : 100 Type: **MSB/SB/DB/CP
Caution!! All indicating instruments, Over current and Earth Fault Relays are to be isolated before conducting pressure tests.					
Connection	Megged Ohms before test **(1000V/500V)	Megged Ohms after test **(1000V/500V)	Applied Voltage: 2.0KV/2.5KV		
L1 – E	1150	1200	Connection	Duration Volt Applied 1 MIN	Milli-Amps
L2 – E	1000	1010			
L3 – E	900	1000			
N – E	1260	1600	L1 L2-L3-N- E	2.0KV/2.5 KV	6.4
L1 – N	1543	1234			
L2 – N	680	890	L2 – L1-L3- N- E	2.0KV/2.5KV	2.3
L3 – N	378	223			
L1 – L2	1500	1500	L3 L1-L2- N- E	2.0KV/2.5KV	9.7
L1 – L3	400	540			
L2 – L3	1000	1000	N L1-L2-L3- E	2.0KV/2.5KV	1.1
test	1000	500			
** Delete where applicable					
Remarks : <u>Only for Testing</u>					
Date Tested : <u>Sep 12, 2017</u>					
Tested By : <u>Admin</u>					
Witness By : <u>Admin</u>					
Approved By : <u>Admin</u>					

High Insulation Test Report

Insulation Resistance Test					
Client	Client 1				
Project	Test Project 2				
Elect. Contractor	Test Contractor 2				
Panel name	Panel 2			Dwg No : 109	
Voltage Rating	L-L : V	L-N : V	Frequency : Hz	Type: **MCCB	
Caution!! All indicating instruments, Over current and Earth Fault Relays are to be isolated before conducting pressure tests.					
Connection	Megged Ohms		Only for Testing	Only for Testing	Only for Testing
L1 – E	10				
L2 – E	14		Only for Testing	Only for Testing	Only for Testing
L3 – E	46				
N – E	37		Only for Testing	Only for Testing	Only for Testing
L1 – N	120				
L2 – N	80		Only for Testing	Only for Testing	Only for Testing
L3 – N	76				
L1 – L2	35		Only for Testing	Only for Testing	Only for Testing
L1 – L3	89				
L2 – L3	23		Only for Testing	Only for Testing	Only for Testing
test	170	180			

** Delete where applicable

Remarks : Only for Testing

Date Tested : Sep 13, 2017

Tested By : Admin

Witness By : Admin

Contact Resistance Test Report

Name Of Customer : Test Consumer 1

Installation Address : Only for Testing

Date Of Test : Sep 13, 2017

1) Particulars Of Breaker :

NAME OF SWITCHBOARD : Switchboard 1

PANEL NAME : Panel 1

CONTACT RESISTANCE : INJECTION 100 A TO GET MIRCO OHMS			
L1 TO L1 PHASE	L2 TO L2 PHASE	L3 TO L3 PHASE	N TO N PHASE
1	2	3	2

2) Particulars Of Breaker :

NAME OF SWITCHBOARD : Switchboard 2

PANEL NAME : Panel 2

CONTACT RESISTANCE : INJECTION 100 A TO GET MIRCO OHMS			
L1 TO L1 PHASE	L2 TO L2 PHASE	L3 TO L3 PHASE	N TO N PHASE
2	1	1	2

3) Particulars Of Breaker :

NAME OF SWITCHBOARD : Switchboard 3

PANEL NAME : Panel 3

CONTACT RESISTANCE : INJECTION 100 A TO GET MIRCO OHMS			
L1 TO L1 PHASE	L2 TO L2 PHASE	L3 TO L3 PHASE	N TO N PHASE
3	2	3	2

4) Particulars Of Breaker :

NAME OF SWITCHBOARD : Switchboard 4

PANEL NAME : Panel 4

CONTACT RESISTANCE : INJECTION 100 A TO GET MIRCO OHMS			
L1 TO L1 PHASE	L2 TO L2 PHASE	L3 TO L3 PHASE	N TO N PHASE
1	3	2	1

Contact Form Report

Consumer Name : TestConsumer 2

Installation Address : Only for Testing

Date of Test : Sep 9, 2017

1) Particulars of Breaker

Name of Switchboard : Switchboard 1

Panel Name : Panel 1

CONTACT RESISTANCE : INJECTION 100 A TO GET MIRCO OHMS			
L1 to L1 Phase	L2 to L2 Phase	L3 to L3 Phase	N to N Phase
1	2	3	2

Declaration by Testing Engineer

I, admin , declare that the above tests are carried out in accordance with SS/BS/equivalent standards and to the best of my knowledge, the results comply with the relevant standards and/or Engineering practice.

Signature of Testing Engineer

lic1

License No.

Jan 30, 1900

Date

Endorsement by Licensed Electrical Worker (LEW)

The above Test Results are satisfactory and acceptable to me.

Name & Signature of LEW-in-charge of above mentioned installation

lic2

License No.

Jan 29, 1900

Date

Four IN 1 Form 01 W Spill Report

Name Of Customer	Customer 1								
Address	Only for Testing								
Date Tested	Sep 2, 2017			Witness By : Admin			Witness By : Manager		
Tested By	Admin			Witness By : Admin			Witness By : Admin		

O/C , E/F & ELR TEST REPORT

Switchboard Name		Test 1			Secondary Current (A)		Primary Current (A)		Tripping Time (S)	
NAME OF PANEL	Panel 1	SPILL CURRENT M/A50%100%			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
ACB/MCCB NO	11	L1	10	70	40	64	643	45	60	55
O/C :IDMTL/ DTL NO	34	L2	22	50	45	34	34	34	10	35
E/F,ELR:IDMTL/DTL	23	L3	45	98	80	734	67	23	40	75
C/T RATIO	23	N	25	45	34	34	34	56	45	25

D/A L1 1 L2 2 L3 3 D/A TIME TRIPING (S) : L1 10 L2 20 L3 30

Switchboard Name		Test 2			Secondary Current (A)		Primary Current (A)		Tripping Time (S)	
NAME OF PANEL	Panel 2	SPILL CURRENT M/A50%100%			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
ACB/MCCB NO	54	L1	12	76	345	54	34	23	34	23
O/C :IDMTL/ DTL NO	34	L2	34	45	23	65	36	57	456	76
E/F,ELR:IDMTL/DTL	23	L3	53	32	46	34	45	34	345	32
C/T RATIO	23	N	32	67	83	78	75	435	34	78

D/A L1 3 L2 3 L3 6 D/A TIME TRIPING (S) L1 23 L2 54 L3 34

Switchboard Name		Test 3			Secondary Current (A)			Primary Current (A)		Tripping Time (S)
NAME OF PANEL	Panel 3	SPILL CURRENT			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
		M/A	50%	100%						
ACB/MCCB NO	21	L1	23	87	65	23	56	78	87	56
O/C :IDMTL/ DTL NO	62	L2	23	43	34	34	34	34	34	43
E/F,ELR:IDMTL/DTL	24	L3	32	65	78	76	67	68	98	76
C/T RATIO	24	N	34	34	45	44	34	34	34	34

D/A L1 86 L2 97 L3 56 D/A TIME TRIPING (S) L1 45 L2 34 L3 23

Switchboard Name		Test 4			Secondary Current (A)			Primary Current (A)		Tripping Time (S)
NAME OF PANEL	Panel 4	SPILL CURRENT			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
		M/A	50%	100%						
ACB/MCCB NO	12	L1	43	76	87	09	56	45	43	55
O/C :IDMTL/ DTL NO	34	L2	23	34	36	34	32	56	86	09
E/F,ELR:IDMTL/DTL	31	L3	43	34	58	76	52	56	56	78
C/T RATIO	31	N	66	67	34	84	32	34	78	56

D/A L1 890 L2 87 L3 45 D/A TIME TRIPING (S) L1 23 L2 34 L3 54

Four IN 1 Form 01 Verification Form Report

Name Of Customer : Customer 1

Address : Only for Testing

Date Tested : Sep 11, 2017 Tested By : Admin Witness By : Admin

O/C , E/F & ELR TEST REPORT

Switchboard Name		Test 1			Secondary Current (A)		Primary Current (A)		Tripping Time (S)	
NAME OF PANEL	PANEL 1	SPILL CURRENT M/A50%100%			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
ACB/MCCB NO	23	L1	23	76	23	86	65	78	67	45
O/C :IDMTL/ DTL NO	43	L2	32	43	65	54	34	56	45	33
E/F,ELR:IDMTL/DTL	56	L3	32	76	34	78	84	67	45	45
C/T RATIO	32	test 1	55	54	65	44	65	34	85	23

Switchboard Name					Secondary Current (A)		Primary Current (A)		Tripping Time (S)	
NAME OF PANEL		SPILL CURRENT M/A50%100%			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
ACB/MCCB NO		L1	32	43	45	23	54	5	23	23
O/C :IDMTL/ DTL NO		L2	56	76	35	56	32	23	45	54
E/F,ELR:IDMTL/DTL		L3	43	98	34	87	45	34	23	34
C/T RATIO	43	test 2	76	98	34	34	23	34	45	34

Switchboard Name		Test 3			Secondary Current (A)		Primary Current (A)		Tripping Time (S)	
NAME OF PANEL	Panel 3	SPILL CURRENT M/A50%100%			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
ACB/MCCB NO	76	L1	32	76	89	45	90	67	34	34
O/C :IDMTL/ DTL NO	32	L2	56	98	45	64	56	54	54	33
E/F,ELR:IDMTL/DTL	34	L3	34	56	98	32	443	34	34	23
C/T RATIO	98	test 3	45	98	56	54	34	56	67	23

Switchboard Name		Test 4			Secondary Current (A)		Primary Current (A)		Tripping Time (S)	
NAME OF PANEL	Panel 4	SPILL CURRENT M/A50%100%			O/C	E/F ELR	O/C	E/F ELR	O/C	E/F ELR
ACB/MCCB NO	23	L1	23	54	98	43		43	54	34
O/C :IDMTL/ DTL NO	67	L2	54	78	56	76	54	32	43	34
E/F,ELR:IDMTL/DTL	93	L3	89	45	44	56	45	345	34	34
C/T RATIO	56	test 4	09	78	43	45	34	76	56	65

Verification By Engineer : name test

The above Test Results are satisfactory and acceptable to me.

Name & Signature of Engineer

1234233534534538
License No.

Sep 21, 2017
Date

Protection Relay And Without Earthing Test Report

Name Of CustomerCustomer 1

Installation AddressOnly for Testing

Date Of TestSep 12, 2017

App. Ref. No23

Approved Load33

SwitchboardSwitchboard 1

Service Type

☒ From SPPG

☐ From Landlord

Panel Descriptionpanel testing

Particulars Of Circuit Breaker

☒ ACB

☐ MCCB

Make : test

Type : 4

Short Cct Capacity (Icu) : 11

Serial No : 1221

Rated Voltage (Ue) : 45

Rated Current (In) : 34

Shunt Trip Coil Operating Voltage : test

Particulars Of Protection Relays

Relay	Make	Type	CT Ratio	Class	Burden
test	test	43	8:3	1	test
O/C Relay		test			
E/F Relay		test			

TEST RESULTS :

Phase Injected	Secondary Current Setting (A)	Primary Trip Current (A)	Tripping Time (s)	Spill Current (mA)	
L1 - N	2	4	6	87	9
L2 - N	3	5	8	45	4
L3 - N	2	65	1	54	9
(Set for O/C)	(Sealed)	34	(Sealed)	(50%)	(100%)
* L1/ L2/ L3 – N	23	22	56		
(Set for ELR)	(Sealed)	(Sealed)	(Sealed)		

*Back-up Fuse link Rating /

Direct Acting Setting (A)

L111

L214

L316

D/Acting Tripping Time (s)

L112

L215

L317

Hand Trip

13Satisfactory

DECLARATION BY TESTING ENGINEER:

I, test, declare that the above tests are carried out in accordance with SS/BS/equivalent standards and to the best of my knowledge, the results comply with the relevant standards and/or engineering practice.

Signature of Testing Engineer

lic1

Jan 31, 1900

License No

Date

ENDORSEMENT BY LICENSED ELECTRICAL WORKER (LEW):

The above Test Results are satisfactory and acceptable to me.

Name & Signature of LEW-in-charge of above mentioned installation

lic2

Jan 31, 1900

License No.

Date

(* Delete whichever is not applicable)

OverCurrent and Earth Fault Relay Operation Test

Name Of Customer : Customer 2

Installation Address: Only for Testing

Date Of Test : Sep 12, 2017

App. Ref. No : 123

Approved Load : 12

Switchboard : Switchboard 2

Service Type :

☐ From SPPG☒ From Landlord

Panel Description: test

PARTICULARS OF PROTECTION RELAYS:

Relay test	Make test	Type test	Tripping Char. R	Rating 34	Serial No. 675757
O/C Relay	test				
E/R Relay	test				

TEST RESULTS:

O/C RELAY					E/F RELAY			O/C	
Plug Setting	Sec. Current	Operation Time (s) L1L2L3			Plug Setting (Io >)	Sec. Current	Operation Time (s)	TM Setting ko	Std Time (s)
5.0A	10 A	3	6	7	9	90	45	7	87
5.0A	15 A	43	7	34	45	9	87	65	34
5.0A	25 A	2	3	43	54	76	89	7685	75
Sealed at	23	5	6	4	Sealed at	TM =	345	Sealed at	34
Plug Setting (I >)		Starting Current L1L2L3			34			E/F	
657		8	54	87	678			345	
High Set (I >>)		Operating Current L1L2L3			High Set (Io >>)	Operating Current		TM Setting ko	Std Time (s)
43		768	89	56	45	54		56	435
Secondary Wiring Insulation Resistance							test	Sealed at	657

DECLARATION BY TESTING ENGINEER:

I, test declare that the above tests are carried out in accordance with SS/BS/equivalent standards and to the best of my knowledge, the results comply with the relevant standards and/or engineering practice.

Signature of Testing Engineer

lic1License No

Jan 31, 1900Date

ENDORSEMENT BY LICENSED ELECTRICAL WORKER (LEW):

The above test results are satisfactory and acceptable to me.

Name & Signature of LEW-in-charge of above mentioned installation

lic2License No.

Jan 31, 1900Date

(* Delete whichever is not applicable)

Name Of Customer : Customer 1

Installation Address : Only for Testing

Date Of Test: Sep 13, 2017

App. Ref. No : 345

Approved Load : 45

Switchboard : test

Service Type **Panel Description :** testing

- ☒ From SPPG
- ☐ From Landlord

PARTICULARS OF CIRCUIT BREAKER

☒ ACB ☐ MCCB

Make : test Type : test Short Cct Capacity (Icu) : 34

Serial No : 34 Rated Voltage (Ue) : 54 Rated Current (In) : 63

Shunt Trip Coil Operating Voltage : test

PARTICULARS OF PROTECTION RELAYS

Relay test	Make test	Type test	CT Ratio 8L9	Class 345	Burden 34
O/C Relay	test				
E/F Relay	test				

TEST RESULT

Phase Injected	Secondary Current Setting (A)	Primary Trip Current (A)	Tripping Time (s)	Spill Current (mA)	
L1 - N	76	56	23	56	635
L2 - N	65	56	253	656	3
L3 - N	56	56	2	56	22
(Set for O/C)	(Sealed)	552	(Sealed)	(50%)	(100%)
* L1/ L2/ L3 – N	26	62	65		
(Set for ELR)	(Sealed)	(Sealed)	(Sealed)		

~~*Back-up Fuse link Rating /~~

Direct Acting Setting (A)	L1	<u>45</u>	L2	<u>63</u>	L3	<u>65</u>
D/Acting Tripping Time (s)	L1	<u>653</u>	L2	<u>23</u>	L3	<u>55</u>
Hand Trip	55	<u>Satisfactory</u>				

DECLARATION BY TESTING ENGINEER:

I, Testing Engineer 1 declare that the above tests are carried out in accordance with SS/BS/equivalent standards and to the best of my knowledge, the results comply with the relevant standards and/or Engineering practice.

	11111111111111111111	Sep 21, 2017
Signature of Testing Engineer	License No	Date

ENDORSEMENT BY LICENSED ELECTRICAL WORKER (LEW):

The above Test Results are satisfactory and acceptable to me.

 Name & Signature of LEW-in-charge of above mentioned
 installation

 License No.

 Date

(* Delete whichever is not applicable)

Earthing System Test

Name Of Customer : Customer 3

Installation Address : Only for Testing

Date Of Test : Sep 13, 2017

App. Ref. No : 34

PARTICULARS OF EARTHING MATERIAL

Earth-electrode : Rod test make (Make)

Plate Test plate (Make)

Earthing Clamp : Make test make 1

Type test type 1

Electrode Coupler : Make test make 2

Type test type 2

TEST RESULT:

1. Overall Resistance Value : Testing Only for _____ Ohms (Without Cu Tape)

2. No. of Earthing Points : 654564

Earthing Point	Number of Rods	Resistance Value (Ohms)	Earthing Point	Number of Rods	Resistance Value (Ohms)
8	7	5	45	45	456
4	564	654	5	1	21
65	45	42	1	2	1
54	2	12	65	9	2
12	4	54	2	1	564

Layout of Earthing Points

SWITCHROOM

DECLARATION BY TESTING ENGINEER:

I, Testing Engineer 3 declare that the above tests are carried out in accordance with SS/BS/equivalent standards and to the best of my knowledge, the results comply with the relevant standards and/or Engineering practice.

Signature of Testing Engineer

License No.

Date

ENDORSEMENT BY LICENSED ELECTRICAL WORKER (LEW):

The above Test Results are satisfactory and acceptable to me.

Name & Signature of LEW-in-charge of above mentioned installation

License No.

Date _____

(* Delete whichever is not applicable)

ELR Form Without Earthing Testing Report

Name Of Customer : Customer 1

Installation Address Only for Testing

Date Of Test Sep 22, 2017

App. Ref. No 3453

Approved Load Only for Testing

Switchboard Switchboard 1

Service Type

- ☐ From SPPG
- ☒ From Landlord

Panel Description Only for Testing

☒ ACB☐ MCCB

Particulars Of Circuit Breaker

Make : test make

Type : test

Short Cct Capacity (Icu) : test

Serial No : 35784375

Rated Voltage (Ue) : 56456

Rated Current (In) : 56412

Shunt Trip Coil Operating Voltage : 35493475

Particulars Of Protection Relays

Relay	Make	Type	CT Ratio	Class	Burden
87	54	54	54	2501	5
ELR Relay	4542				

Test Result

Phase Injected	Secondary Current Setting (A)	Primary Trip Current (A)	Tripping Time (s)	Spill Current (mA)	
L1 - N	5	45	45	42	1
L2 - N	3	45	45	4	21
L3 - N	5	4	21	54	5
(Set for O/C)	(Sealed)	45	(Sealed)	(50%)	(100%)
* L1/ L2/ L3 – N	15	45	456		
(Set for ELR)	(Sealed)	(Sealed)	(Sealed)		

*Back-up Fuse link Rating /

Direct Acting Setting (A)

L1 4

L2 54

L3 51

D/Acting Tripping Time (s)

L1 021

L2 524

L3 56

Hand Trip

202 Satisfactory

Declaration by Testing Engineer :

I, Test Engineer Admin declare that the above tests are carried out in accordance with SS/BS/equivalent standards and to the best of my knowledge, the results comply with the relevant standards and/or Engineering practice.

Signature of Testing Engineer

12121212121214

Sep 21, 2017

License No.

Date

Endorsement by Licensed Electrical Worker (LEW)

The above Test Results are satisfactory and acceptable to me.

Name & Signature of LEW-in-charge of above mentioned installation

4553454534595

Apr 27, 1910

License No.

Date

(* Delete whichever is not applicable)