SECTION 26 0518 - TESTING OF ELECTRICAL SYSTEMS

PART 1 – GENERAL

* 1. description of work
     1. Minimum standard of forms for performing testing of electrical equipment.
  2. Related work specified elsewhere
     1. Electrical General – Division 26
  3. Related Documents

A. NFPA 70B – Annex F, Forms

PART 2 – PRODUCTS

Not Applicable

PART 3 – EXCECUTION

1. Testing Forms - Provided
   1. Feeder Megger© Test Report Form
   2. Ground Test Inspection Report – Heath Care Facilities
   3. Driven Ground Test Report

These forms are made available as a minimum standard. Others may be used as long as they meet the general intent.

1. Testing Forms – Referenced
   1. Cable Test Form (Refer to NFPA 70B, Form F.27).
   2. Insulation Resistance Test Form (Refer to NFPA 70B, Form F.28).

Feeder Megger© Test Report

Electrical Contractor: Sheet: of

Business Address:

City: State: Zip Code:

Date of Measurement: Temp/Humidity: /

Type of Meter and Model Number: /

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From | To | Feeder Length | Phase A Reading | Phase B Reading | Phase C Reading | Phase N Reading |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |
|  |  |  |  |  |  |  |
| Feeder Size: | | | | | Insulation: |  |

Ground Test Inspection Report – Health Care Facilities

Sheet No. of

Project Project No. Date

Contractor Air Temp Rel. Humidity

\*NOTE: Maximum Readings Permitted:

Maximum Test Intervals: 20mV New Construction

General Care: 12 Months 40mV Critical Existing Construction

Critical Care: 6 Months 500mV General Care Existing Construction

Wet Locations: 12 Months 0.1 ohm New Construction

0.2 ohm Quiet Grounds and Existing Construction

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Room No. | Description  *(C) Critical*  *(G) General* | Voltage Measurement  *Number of*  *Receptacles* | Voltage Measurement  *Number of*  *Other* | Voltage Measurement  *Max. Reading*  *(milli-Volts)* | Impedance Measurement *Number of*  *Receptacles* | Impedance Measurement  *Max. Reading*  *(Ohms)* |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Remarks:

Test Equipment: Serial #:

(The testing shall comply with NFPA 99 – Health Care Facilities)

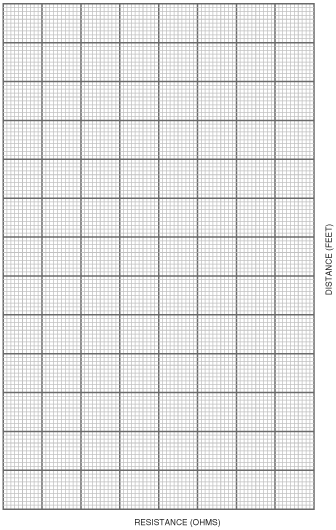
Grounding System Resistance Test

Sheet No. of

Project Project No. Date

Contractor Air Temp Rel. Humidity

Location:



|  |  |
| --- | --- |
| Season |  |
| Soil Type |  |
| Soil Condition |  |
| Single Rod Depth |  |
| Multiple Rods (Y/N) |  |
| Longest Dimension |  |
| Buried Wire/Strips (Y/N) |  |
| Longest Dimension |  |
| Dist. to Aux. Electrode |  |
| Other |  |

|  |  |
| --- | --- |
| Distance (FT) | Resistance (Ohms) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

AUXILIARY POTENTIAL ELECTRODE

Remarks:

Test Equipment: Serial #:

END OF SECTION