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| --- | --- | --- |
|  | No |  |
| Project: |  |
| Prepared By: |  |
| Location / Description: |  | Work Package No: |  |
| Specifications & Drawings |  | Date: |  |
| Apparatus: | Power Supplies | Number/Name: |  |
| Type Name: |  | Type Classification: |  |
| Procedure: | PR S 47114, PR S 47115 |

|  |  |  |
| --- | --- | --- |
| No | Inspection /Test Performed: Equipment /Labelling/Installation/Operation Correct | Initials |
| 1 | Equipment types & configurations & installation physically correct to specifications/ drawings |  |
| 2 | Fuses & circuit breakers, settings, ratings, discrimination, correct. |  |
| 3 | Surge protection & earthing correct. |  |
| 4 | Earth resistance tests correct. |  |
| 5 | Battery, battery charger adjustment, alarm card adjustment, correct. |  |
| 6 | Test Certificate of reading of parameters completed and correct. |  |
| 7 | Power supply isolation and insulation and freedom from earths, correct. |  |
| 8 | Polarity/phase correct. |  |
| 9 | Voltage regulation & mains voltage drop all loads, test correct. |  |
| 10 | Emergency changeover operation (on line), correct. |  |
| 11 | Uninterruptible power supply operation, correct. |  |
| 12 | Loadings correct, spare capacity correct. |  |
| 13 | Earth leakage detectors adjustment & operation, correct. |  |
| 14 | Mains Failure Plant cut-in & operation, correct. |  |
| 15 | Status indicators and alarms operation, correct. |  |
| 16 | Extra channel of dual channel supports max. load, test correct. |  |
| 17 | Busbars, cables, cabling, terminations, correct. |  |
| 18 |  |  |
| 19 | Occupational Health & Safety/Environmental compliance, correct |  |
| 20 | Workmanship to best practice, equipment in good condition |  |
| 21 | Redundant equipment securely inoperative, made safe/removed. |  |
| 22 | Ready for commissioning into use. |  |

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| Remarks: |
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| Work Status Statement | Received / Checked / Action Statement |
| The Work described above has been performed and recorded in accordance with the specified standard |  |
| Name: |  | Name: |  |
| Designation: |  | Designation: |  |
| Signature: | Date: | Signature: | Date: |
|  |  |  |  |