TRACK: _____

SINGLE RAIL ☐

DOUBLE RAIL ☐

TRACK LENGTH _____ m

Tx LOOP RESISTANCE _____ Ω

TRACK TYPE (Place X)									
MATCHING TRANSFORMER TYPE	TV.TH.1	N/A	N/A	N/A	TV.TH.D2	TV.TH.D2.SAR	TV.TH.D2	TV.LV	3 x Imp Bond
Rx TYPE	RVT600	BRTCA2	RVT600	2 x RVT600	RVT600	RVT600	RVT600	BRTCA2	RVT600
TOTAL TX LOOP (Ω)	20Ω	10Ω	20Ω	20Ω	*80Ω/60Ω	60Ω	20Ω	10Ω	10Ω
TEST SHUNT	0.5Ω	0.25Ω	0.5Ω	0.25Ω	0.25Ω	0.25Ω	0.25Ω	0.15Ω	0.25Ω

DATE (DD/MM/YY)			
PSU (Serial No.)			
DATE (DD/MM/YY)			
TX (Serial No.)			
DATE (DD/MM/YY)			
RX (Serial No.)			

*Crossing Track 80 Ω. Approach/Departure Tracks 60 Ω

DATE DD/MM/YY	Remarks / Service Schedule (SS01, SS02, SS03 or SS04, etc.)	TRANSMITTER END Location ID: Power Supply Mains Supply (V)	Tx Output Volts C+ / C- Hi	Low	Track Voltage (V) Hi	Low	RECEIVER END Location ID: Track Voltage (V) Hi	Low	Rx Input Volts C+ / C2- or C2+ / C2- Hi	Low	3 / C1- or C+ / C1- Hi	Low	Volts with shunt on C+ / C2- or C2+ / C2- Hi	Low	3 / C1- or C+ / C1- Hi	Low	Zero Feed (High reading only) mV	Drop Shunt Ω	Fixed Shunt Test (Tick each Test Point) ___Ω	Polarity Check OK?	Ballast Condition Good Moderate Poor Dry / Wet	Test Equipment Used (Type & Ser. No.)	Tested by: Name of Testing Officer (Print Name)
	First Full Recorded Test																						
	Last Full Recorded Test																						

TRACK: _____

DATE DD/MM/YY	Remarks / Service Schedule (SS01, SS02, SS03 or SS04, etc.)	TRANSMITTER END Location ID:						RECEIVER END Location ID:													Zero Feed (High reading only) mV	Drop Shunt Ω	Fixed Shunt Test (Tick each Test Point) ___ Ω	Polarity Check OK?	Ballast Condition Good Moderate Poor Dry / Wet	Test Equipment Used (Type & Ser. No.)	Tested by: Name of Testing Officer (Print Name)
		Power Supply Mains Supply (V)	Tx Output Volts C+ / C-		Track Voltage (V)		Track Voltage (V)		Rx Input Volts				Volts with shunt on														
			Hi	Low	Hi	Low	Hi	Low	C+ / C2- or C2+ / C2- Hi	Low	3 / C1- or C+ / C1- Hi	Low	C+ / C2- or C2+ / C2- Hi	Low	3 / C1- or C+ / C1- Hi	Low										