

FIELD INSPECTION REPORT Quality Control Form	ITP No.:		
	Inspection Gr.		
	Report No.		
	Date		
INSPECTION TYPE INSPECTION- DIFFERENTIAL PROTECTION RELAY TEST	WORK No.		
	UNIT NO.		
	ITEM No.		
	LOCATION		
DATE/NAMES/SIGNATURE			
INSPECTION NOTICE NO.:	COMPANY	CONTRACT OR	SUBCONTR
DRAWING NO(S):	/ /	/ /	/ /
MANUFACTURER:			
DEVICE TYPE:			
SECTION NO.:			
RELAY NO.:			
CT RATIO- SIDE 1:	INTERPOSING CT:		
CT RATIO- SIDE 2:	INTERPOSING CT:		
TRIP SETTING RANGE:	SELECTED SETING:		
TAP SETTING:	SELECTED SETING:		
TEST EQUIPMENT:			

1. Secondary Injection Test:	
<ul style="list-style-type: none"> • Secondary Injection Test- a) At maximum setting: _____A b) At minimum setting: _____A <li style="margin-left: 20px;">c) At selected setting: _____A • Stability Test- d) At 100% nominal Current: _____A <li style="margin-left: 20px;">e) At 500% nominal Current: _____A 	
2. Primary Current Test:	
<ul style="list-style-type: none"> • Sensitivity Test-supply from test set: a) At maximum setting: _____A • Sensitivity Test-supply from test set: b) At actual load or 100% nominal Current from generators: _____A 	
3. Check correct reset action: _____	
4. Check correct trip action: _____	
5. Check correct flag operation: _____	
6. Relay setting after test:	
1) Current Setting: _____A 2) Time Setting: _____	
3) Adhesive label fitted: _____	
Remarks and Deviations:	

Legend NA.: Not Applicable