

FIELD INSPECTION REPORT Quality Control Form	ITP No.:		
	Inspection Gr.		
	Report No.		
	Date		
INSPECTION TYPE INSPECTION H.V. SWITCHGEAR SWITCHING UNIT	WORK No.		
	UNIT NO.		
	ITEM No.		
	LOCATION		
	DATE/NAMES/SIGNATURE		
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTR
DRAWING NO(S):	/ /	/ /	/ /
MANUFACTURER:			
G DEVICE TYPE:			
PANEL NO.			
RATING:			
TEST EQUIPMENT:			

1. Record reading of operation counter:		
2. Inspect the following items and report any deviations/ defects under remarks:	Yes	No
a) Circuit labeling correct		
b) Operation of safety shutters.		
c) Padlocking facilities.		
d) Interlocking facilities – mechanical/ electrical.		
e) Position indicators, indicating lights.		
f) Insulating busses and barriers.		
g) Cable box and terminations.		
h) Alignment of main and auxiliary contacts.		
i) Mechanical closing and tripping.		
j) Electrical closing – local/ remote.		
k) Electrical tripping- local/ remote.		
l) Alarm indications- local/ remote.		
m) Anti-condensation heater working. * Record IR at 500 Volts _____ MΩ		
n) Secondary and auxiliary wiring. * Record IR at 500 Volts _____ MΩ		
3. Earthing System: Inspect the condition of the earthing bar and connections.		
4. Record fuse Type and Rating Type: _____ Rating: : _____		
<u>Remarks:</u>		

Legend NA.: Not Applicable