

FIELD INSPECTION REPORT Quality Control Form	ITP No.:		
	Inspection Gr.		
	Report No.		
	Date		
INSPECTION TYPE INSPECTION- LV OVERCURRENT / EARTH FAULT PROTECTION RELAY TEST	WORK No.		
	UNIT NO.		
	ITEM No.		
	LOCATION		
	DATE/NAMES/SIGNATURE		
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTR
DRAWING NO(S):	/ /	/ /	/ /
DEVICE TYPE:			
MANUFACTURER:			
TYPE:			
SECTION NO.:			
MOTOR FLC: _____ Amp.			
TIP SETTING RANGE: _____ Amp.	CONTACTOR RATING: _____ Amp.		
TEST EQUIPMENT:			

Note: (1) Test in Italics are to be carried out under the supervision of Vendor Engineer as part of Pre-commissioning

1. Primary Injection Test: All Selected Trip setting: _____ A

Test Current		Operating Temp.	Trip Time (s)		Remarks
Set (5)	Amp.		Curve (2)	Actual	
300	A	Cold	s	s	All three phases connected in series.
300	A	Warm	s	s	
200	A	Warm	s	s	

Note: (2) Trip time curve supplied by manufacturer.

2. PTC Relay (Positive Temperature Coefficient)

Range (kΩ)	Setting (kΩ)	Pick-Up Threshold	Drop Out Threshold	Remarks
		Trip (kΩ)	Reset (kΩ)	
0 ~ 5.1	3.4 ~ 3.8			

3. Earth Fault Relay: (50G)

Setting (A)	Pick-Up Threshold				Remarks
	Curve (A)	Actual (A)	Curve (S)	Actual (S)	

4. Unbalance/ Loss of power (46): Applicable for MPR

Setting (A)	Trip Class	At 2 x Is						Remarks
		Ø A		Ø B		Ø C		
		Curve(s)	Actual	Curve(s)	Actual	Curve(s)	Actual	

5. Relay Setting after test:

- | | |
|----------------------------|-----------------------------|
| 1. Thermal Relay: _____ | 2. Earth Fault Relay: _____ |
| 3. Unbalanced Relay: _____ | 4. Setting Seald: _____ |

6. Remarks and Deviations:

Legend NA.: Not Applicable