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FILED INSPECTION REPORT

Quality Control Form

ITP No. :_____
Inspection Gr. :_____
Report No. :_____
Date :_____

Inspection Type : **INSPECTION – TEST (LV)** **OVERLOAD RELAY (Thermal)**	Work No. :		
	Unit No. :		
	Item No. :		
	Location :		
Inspection Notice No. :	Date / Names / Signature		
Drawing No(s). :	Company	Contractor	Subcontractor
Device Type :	/ /	/ /	/ /
Manufacture :			
Relay Location :			
Relay No. :			
Test Equipment :			

Feeder No.	Cubicle No.	Tag. No.	Type of Relay	Setting (A)	At 2 x ls		At 6 x ls		Remarks
					Theoretical Value (ls)	Relay Value (ls)	Theoretical Value (ls)	Relay Value (ls)	

Remarks and Deviations :

Legend N.A: Not Applicable