

<b>FIELD INSPECTION REPORT</b> Quality Control Form	ITP No.:		
	Inspection Gr.		
	Report No.		
	Date		
<b>INSPECTION TYPE</b>  <b>INSPECTION DISTRIBUTION BOARD/ PANEL OUTGOING UNIT</b>	WORK No.		
	UNIT NO.		
	ITEM No.		
	LOCATION		
	DATE/NAMES/SIGNATURE		
INSPECTION NOTICE NO.:	COMPANY	CONTRACTOR	SUBCONTR
DRAWING NO(S):	/ /	/ /	/ /
MANUFACTURER:			
SWITCHING DEVICE TYPE:			
SECTION NO.			
FUNCTION:			
RATING:			
TEST EQUIPMENT:			

<b>1. Report the tidings and general condition of the area inspected:</b>	
<b>2. Check the following items:</b>	
a) Fire extinguishers installed as per design requirement.	_____
b) State type of extinguisher provided.	_____
<b>3. Check the following items and report any deviations/ defects under remarks:</b>	<b>OK and/ or Record</b>
<b>Exterior:</b>	
a) Circuit/ Panel labeling.	
b) Mechanical damage.	
c) Door interlock.	
d) Mechanical position indication.	
e) Electrical closing local/ remote	
f) Electrical tripping local/ remote	
g) Anti-condensation heaters.	
h) Alarm indication local/ remote.	
i) Circuit number and color code.	
j) Wiring connection and marking.	
k) Test insulation resistance of wiring @ 500 V	MΩ
<b>2. Earthing:</b> Check the condition of the earthing bar and connections. _____	
<b>3. I.R, Test:</b> Switching device @ 500 V: Record Number of tester Used: Phase-Earth L1-E: _____ MΩ      L2-E: _____ MΩ      L3-E: _____ MΩ	
<b>4. Protection Relay Test:</b> Form No. E-034      Sheet No: _____	
<b>5. Restart Relay Test:</b> Result: _____	
<b>6. Check and record the fuse:</b> Class: :      Rating: :      Condition: :	
<u>Remarks and Deviations:</u>   	

Legend      NA.: Not Applicable