# FIELD INSPECTION REPORT

**Quality Control Form**

**INSPECTION TYPE**: OVERCURRENT/ EARTH FAULT PROTECTION RELAY (Induction Type) Test

**DATE/NAMES/SIGNATURE**

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**DEVELOPMENT**: OVERCURRENT INVERSE TIME

**MANUFACTURER**

**SWITCH BOARD NO.**

**SECTION NO.**

**CT RATIO**

**CURRENT SETTING RANGE**: SELECTED SETTING: **A**

**TIME SETTING RANGE**: SELECTED SETTING: **%**

**TEST EQUIPMENT**

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<table>
<thead>
<tr>
<th>Test Setting</th>
<th>Trip Time(s)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current (A)</strong></td>
<td><strong>Time (%)</strong></td>
<td><strong>Is</strong></td>
</tr>
<tr>
<td>S</td>
<td>100</td>
<td>1) _____</td>
</tr>
<tr>
<td>S</td>
<td>100</td>
<td>1.3 × 2×</td>
</tr>
<tr>
<td>S</td>
<td>100</td>
<td>4×</td>
</tr>
<tr>
<td>S</td>
<td>S</td>
<td>1.3 × 2×</td>
</tr>
<tr>
<td>S</td>
<td>S</td>
<td>Injection</td>
</tr>
</tbody>
</table>

Note: S = preferably at the selected setting  
NA= not applicable  
Values to be completed for each over current and earth-fault elements.

1) Check correct reset action: _________________________________________________________

2) Check correct trip action: _________________________________________________________

3) Check correct flag operation: _______________________________________________________

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Legend: NA.: Not Applicable

**Relay setting after test**: Instantaneous element: _____ A  
Current Setting: _____ A  
Time Setting: _____ %  
Adhesive label fitted: _____ A

Remarks and Deviations:
### Field Inspection Report

**Inspection Type:**
- **Overcurrent/Earth Fault Protection Relay (Induction Type) Test**

**Inspection Notice No.:**

<table>
<thead>
<tr>
<th>Work No.</th>
<th>Unit No.</th>
<th>Item No.</th>
<th>Location</th>
</tr>
</thead>
</table>

**Date:**

**Inspection Notice No.:**

<table>
<thead>
<tr>
<th>Drawing No(S):</th>
<th>COMPANY</th>
<th>CONTRACTOR</th>
<th>SUBCONTR</th>
</tr>
</thead>
</table>

**Device Type:**
- **Overcurrent Inverse Time**

**Manufacturer:**

**Switch Board No.:**

**Section No.:**

**Motor FLC:**

**TAP Setting:**
- **Selected Setting:** %

**Trip Setting Range:**
- **Selected Setting:** %

**Test Equipment:**

**Test Equipment:**

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**1. Secondary Injection Test:**

Nominal Injection Current Is = Tap setting × current: ________________ A

<table>
<thead>
<tr>
<th>Injection Current</th>
<th>Operating Temp.</th>
<th>Trip Time(s)</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 ×</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 ×</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4 ×</td>
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<td>x</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Cold</th>
<th>Warm</th>
<th>Warm</th>
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</tr>
</thead>
<tbody>
<tr>
<td>1 ×</td>
<td>4 ×</td>
<td>4 ×</td>
<td>4 ×</td>
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</tbody>
</table>

All three phases connected in series

**2. Instantaneous Elements:**

Short Circuit / Earth fault

1) Fuse rating: ________________ A

2) Setting: ________________ × In = ________________ A

3) Measure pick-up current: ________________ A

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

**3. Primary Injection Test:**

Injection Current = 100 % FLC = ________________ A

Running Load Indication: ________________ A

**4. Relay setting after test:**

Tap Setting: ________________

Load to Trip: ________________ %

Inst. Setting: ________________

Adhesive Label fitted: ________________

**Remarks and Deviations:**

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**Legend:**

NA.: Not Applicable