www.Inspection-for-Industry.com

	ITP No.:				
FIELD INSPECTION REPORT	Inspection Gr.				
	Report No.				
Quality Control Form	Date				
INSPECTION TYPE	WORK No.				
INSPECTION- DIFFERENTIAL	UNIT NO.				
	ITEM No.				
PROTECTION RELAY TEST	LOCATION				
	DATE	E/NAMES/SIG	NATURE		
INSPECTION NOTICE NO.:	COMPANY	CONTRACT OR	SUBCONTR		
DRAWING NO(S):	/ /	/ /	/ /		
MANUFACTURER:					
DEVICE TYPE:	<u> </u>				
SECTION NO.:					
RELAY NO.:	<u></u>				
CT RATIO- SIDE 1:	INTERPOSINO				
CT RATIO- SIDE 2:	INTERPOSINO				
TRIP SETTING RANGE:	SELECTED SE				
TAP SETTING:	SELECTED SE	ETING:			
TEST EQUIPMENT:					
Secondary Injection Test: Secondary Injection Test- a) At maximum setting:A					

1. Secondary Injection Test:				
 Secondary Injection Test- 	a) At maximum setting:A b) At minimum setting:	A		
	c) At selected setting:A			
 Stability Test- 	d) At 100% nominal Current:A			
	e) At 500% nominal Current:A			
2. Primary Current Test:				
 Sensitivity Test-supply fro 	m test set: a) At maximum setting:	A		
• Sensitivity Test-supply from test set: b) At actual load or 100% nominal Current from generators:				
J Williams		A		
3. Check correct reset action:				
4. Check correct trip action:	<u></u>			
5. Check correct flag operation:				
6. Relay setting after test:	1) Current Setting:A 2) Time Setting:			
	3) Adhesive label fitted:			
Remarks and Deviations:				

Legend NA.: Not Applicable