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	Trip Time (s)		Remarks
Set (5)	Amp.	Temp.	Curve (2)	Actual	All three phases connected in series.
300	A	Cold	s	s	
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		ØC		
		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