UPF TRANSFORMER TEST INSPECTION RECORD

Work Package No.: _____

Task No.: _____

DMC NUMBER:		**DATE:**
PROJECT NUMBER:	**PROJECT NAME:**	
BLDG/AREA:	**SYSTEM:**	**WORK PACKAGE NUMBER:**
EQUIPMENT IDENTIFICATION:		
QUALITY LEVEL : ☐ **Q** ☐ **RS** ☐ **CC** ☐ **N/A**		
TRANSFORMER KVA:	**TAP POSITION:**	
PRIMARY VOLTAGE:	**SECONDARY VOLTAGE:**	

REFERENCE DOCUMENT NO.	REV. NO.	REFERENCE DOCUMENT NO.	REV. NO.

ITEM	Accept	Reject	N/A	FE/DATE* (Initials)	QCE/DATE (Initials)
1. Foundation complete and anchor bolts set	☐	☐	☐		
2. Unit properly set	☐	☐	☐		
3. Oil dielectric test complete	☐	☐	☐		
4. Oil level check complete	☐	☐	☐		
5. Unit free of oil leakage	☐	☐	☐		
6. Ground connection complete	☐	☐	☐		
7. Resistor size verified	☐	☐	☐		
8. Operation of fans verified	☐	☐	☐		
9. Operation of temperature relays verified	☐	☐	☐		
10. Operation of relays verified	☐	☐	☐		
11. Size, ratio, and wiring of current transformers verified	☐	☐	☐		

TEN MINUTE INSULATION TEST READINGS

TEST NO.	TESTER TERMINAL		30 sec	1 min	2 min	3 min	4 min	5 min	6 min	7 min	8 min	9 min	10 min
1	Primary	Ground											
2	Primary	Second											
3	Second	Ground											

TEST INSTRUMENT NUMBER: **CALIBRATION DUE DATE:**

COMMENTS: * N/A "FE" if not applicable

TEST TECHNICIAN: (print/sign) **DATE:**

FE: (print/sign) **DATE:**

QCE: (print/sign) **DATE:**