



EQUIPMENT / GROUND TEST REPORT (Turn Key)

Customer Name: Date:

Service Area: Plant Name:

Responsibility #: Plant #:

Structure Asset Tag #: Switch #:

Proj # / Maximo WO # / O&M #: Land Location:

Equipment Transformers

Select Equip Transformer Type:

Other Equipment Types

Select Other Equipment Type:

PRIMARY CONNECTION: PHASE: SECONDARY CONNECTION:

	INSTALLED			REMOVED		
Make/Switch style						
Maximo ATCO Eq #						
Serial #	XXXXX					
KVA/AMP/KVAR	XXXXX					
Equip/Primary Vol	XXXXX					
Equip/Sec Voltag	XXXXX					
% Impedance	XXXXX					
Tap Setting						
Year Built	XXXX					
Oil Volume (L)	XXXXX					
PCB Content	XXXXX					
Voltage Reading						
Counter Reading						
Controller Make/Mod						
Controller Model						
					From:	To:
FUSE SIZE:		BREAKER SIZE:		CHANGE TAPS: (%)		

INSTALLED DUE TO: DAMAGED DUE TO:

COMMENTS:

GROUNDING SYSTEM READINGS AS LEFT: MOISTURE IN SOIL

TYPE & SIZE OF GRD WIRE CONDITION OF GRD WIRE CONDITION OF GRD ROD

	1	2	3	Ground Rods Req'd
Equipment Ground as Found	XXXXX			
Equipment Ground as Left	XXXXX			
Ground Return as Found	XXXXX			
Ground Return as Left	XXXXX			
Line Group	XXXXX			
Interconnected	XXXXX			

Originator: Signature:

Responsibility: