



# 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: