



Project Number	Date
<b>Relay Calibration Test Form</b>	<b>TF-3</b>

Equipment Description:	Equipment Number:
Circuit Number:	Voltage:
Relay Manufacturer:	Type:
Catalog Number:	CT Ratio:
Current Range:	Instantaneous Range:

- |   |   |
|---|---|
| <input type="checkbox"/> Check bearing and bearing end play | <input type="checkbox"/> Check contacts for cleanliness             |
| <input type="checkbox"/> Check disc clearance               | <input type="checkbox"/> Inspect cover gasket                       |
| <input type="checkbox"/> Check connection for tightness     | <input type="checkbox"/> Inspect for moisture and foreign materials |
| <input type="checkbox"/> Check taps for tightness           |   |

Design Settings		Test Results			
		A	B	C	Gnd
Min. Pick-up	Amps	Amps	Amps	Amps	Amps
Time Lever					
Time @ 3X	Secs	Secs	Secs	Secs	Secs
Time @ 10X	Secs	Secs	Secs	Secs	Secs
Instantaneous Pick-up	Amps	Amps	Amps	Amps	Amps
Time @ 1.4X	Secs	Secs	Secs	Secs	Secs
Insulation Resistance					
Flag Tap					
Flag Pick-up					
Flag Seal-in					

Comments and notes:

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Tester's representative:	Owner's representative:
Date:	Date: