Documentation Requirements Sheet
Field Inspection and Testing of New Electrical Equipment Data Sheet

ELTFT01D

Project Number	Date
Shielded Power Cable Test Form	TF-5

Equipment Description:			Equipment Number:	
Circuit Number:	Size:	Voltage:	Insulation:	Length:

_____ Check cable size, type, and rating
_____ Check cable support systems (tray, conduit, or messenger) incl. conduit bushings, straps, clamps, messenger hardware, and thermal expansion provisions
_____ Check installation for adequate bending radius for all
_____ Check cables for any exterior mechanical damage
_____ Check grounding of cable support system including cable tray grounding jumpers
_____ Verify proper routing of cable shield and bonding conductors through zero-sequence CT's

_____ Inspect installation of cable termination fittings (including pouring of fittings if applicable)
_____ Inspect all terminators and splices for conformance to manufacturer's recommendations
_____ Verify proper type and size of container or lug
_____ Verify that proper hydraulic crimp tool and die is used
_____ Verify proper termination and splicing, including use of recommended tapes (semi-conducting, insulating), shielding, jacket, and tracking-resistant cover or proper size-preformed stress cone unit or system
_____ Verify that cable terminators are properly installed

Test / Insulation Resistance / on the Reel (megohms - 1 minute test with 5000 V megohmeter)

_____ A-B	_____ B-C	_____ C-A	_____ A-Gnd	_____B-Gnd	_____ C-Gnd

Test / Continuity / Final Position

_____ A-	_____ B-	_____ C-	_____ -Gnd	_____Shield

Test / Insulation Resistance / Final Position (megohms - 1 minute test with 5000 V megohmeter)

_____ A-B	_____ B-C	_____ C-A	_____ A-Gnd	_____B-Gnd	_____ C-Gnd

Test / Insulation / Final Position (voltage - step voltage method with DC hi-pot)

_____ DC Hi-Pot test form attached	_____ Verify that all grounds are removed before energization

Test / Insulation Resistance / After Dielectric Test (megohms - 1 minute test with 5000 V megohmeter)

_____ A-B	_____ B-C	_____ C-A	_____ A-Gnd	_____B-Gnd	_____ C-Gnd

Optional Test / Radiograph

_____ Radiograph Attached	_____ Radiograph Acceptable

Remarks:

Comments and notes:

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

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