

	INSPECTION FORM AUTOMATION – CONTROL CONDUCTORS		Page 1 of 1
			ID:
Project	Facility:	Project Name:	
	Area :	Bid Opportunity:	

Cable/Conduit Data	Source:		Dest.:	
	Installation: <input type="checkbox"/> Cable <input type="checkbox"/> Cable Tray <input type="checkbox"/> Direct Buried <input type="checkbox"/> Conduit <input type="checkbox"/> Other:		<input type="checkbox"/> EMT <input type="checkbox"/> Alum. <input type="checkbox"/> Strapped <input type="checkbox"/> Rigid Steel <input type="checkbox"/> PVC	
	No. of Conductors:	Size:	AWG	Type: Rated Voltage: V

Visual Inspection	Cable Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Enclosure Entry Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Wire tags installed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Conduit / Cable Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Comments:			

Insulation Resistance Test	Test Voltage: V		Ambient Temperature: °C		All conductors not under test grounded for each reading: <input type="checkbox"/> Yes <input type="checkbox"/> No				
	#	ID	MΩ	#	ID	MΩ	#	ID	MΩ
	1			19			37		
	2			20			38		
	3			21			39		
	4			22			40		
	5			23			41		
	6			24			42		
	7			25			43		
	8			26			44		
	9			27			45		
	10			28			46		
	11			29			47		
	12			30			48		
	13			31			49		
	14			32			50		
	15			33			51		
	16			34			52		
	17			35			53		
	18			36			54		
1. Utilize 1000VDC Test Voltage for 600V rated cables, 500VDC for cables rated <= 300V. 2. Utilize a single form for each cable / conduit. 3. Disconnect both ends of wiring prior to tests. 4. Test each conductor to ground. All conductors not under test must be grounded during each test. 5. Each reading must not be less than 22 MΩ or significantly less than comparable conductors.									
Comments:									
Test Summary: <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Failed									

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

	INSPECTION FORM INSTRUMENTATION CABLE – PAIRED (≤ 8 PAIRS)		Page 1 of 1
			Cable ID:
Project	Facility:	Project Name:	
	Area :	Bid Opportunity:	

Cable Data	Source:	Dest.:		
	Installation:	<input type="checkbox"/> Cable <input type="checkbox"/> Cable Tray <input type="checkbox"/> Strapped <input type="checkbox"/> Direct Buried <input type="checkbox"/> Conduit <input type="checkbox"/> EMT <input type="checkbox"/> Rigid Steel <input type="checkbox"/> Alum. <input type="checkbox"/> PVC <input type="checkbox"/> Other:		
	No. of Pairs:	Size:	AWG	Type:
		Rated Voltage:		V

Visual Inspection	Cable Identification Tag Installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Enclosure Entry Acceptable:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Wire tags installed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Conduit / Cable Supported Appropriately:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Comments:			

Insulation Resistance Test	Test Voltage:	V	Ambient Temperature:	°C	<i>Utilize 1000VDC Test Voltage for 600V rated cables, 500VDC for cables rated <= 300V.</i>		
	Pr	ID	Cond. 1 (+) to Shield (MΩ)	Cond. 2 (-) to Shield (MΩ)	Cond. 1 (+) to Cond. 2 (-) (MΩ)	Shield to Gnd/Armour (MΩ)	
	1						
	2						
	3						
	4						
	5						
	6						
	7						
	8						
Comments:							
Test Summary: <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Failed							

Continuity Test	Pr	ID	Cond. 1 (+) & Cond. 2 (-) Loop (Ω)	Cond. 1 (+) & Shield Loop (Ω)	<i>Short loop at opposite end from measurement.</i>
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	Comments:				
Test Summary: <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Failed					

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

		INSPECTION FORM POWER CABLE < 1000V			Page 1 of 1	
		Cable ID:				
Project	Facility:		Project Name:			
	Area :		Bid Opportunity:			
Cable Data	Source:		Dest. / Load:			
	Manufacturer:		Type:	Conductor: <input type="checkbox"/> Copper <input type="checkbox"/> Aluminum		
	No. of Conductors:	Size: <input type="checkbox"/> AWG <input type="checkbox"/> MCM	Length: m	<input type="checkbox"/> Measured <input type="checkbox"/> Previous Data <input type="checkbox"/> Jacket Markings <input type="checkbox"/> TDR		
	Rated Voltage: V	Operating Voltage: V	Date Installed:			
	Installation: <input type="checkbox"/> Cable Tray <input type="checkbox"/> EMT <input type="checkbox"/> Alum. Conduit <input type="checkbox"/> Direct Buried <input type="checkbox"/> Strapped <input type="checkbox"/> Steel Conduit <input type="checkbox"/> PVC Conduit <input type="checkbox"/> Underground Duct		Other:			
Visual Inspection	Physical Damage on Exposed Ends: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cable Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No		Cable Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Bend Radius Acceptable: <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:			
Insulation Resistance Test	Test Preparation:	Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated	Cable Dest. / Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Load Isolated	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.		
	Cable Temperature: °C		Temperature Correction Factor for 20°C:		Ground all conductors not under test for each reading.	
	Test Voltage	Insulation Resistance (MΩ)				Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
			A-GND	B-GND	C-GND	
	V	Reading				
	Corrected to 20°C					
Utilize 1000VDC Test Voltage for 600V rated cables, 500VDC for cables rated <= 300V.						
Comments:						
Connection Resistance	Note: Torque check required for all cables. Connection Resistance Test required for cables 4/0 AWG or larger, or as required in the specifications.					
	Termination	Connection Resistance (μΩ) - As Left				Torque Check
		A	B	C	N	
	Source					<input type="checkbox"/> OK
	Dest. / Load					<input type="checkbox"/> OK
Comments:						
Final Analysis	Cable Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No		Comments:			
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Company	Name	Signature	Date (yyyy/mm/dd)		
Performed By						
Checked By						



INSPECTION FORM HEAT TRACE SYSTEM

Page: 1 of 1

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

System Data	Manufacturer:	Model:	Serial Number:
	Voltage: V	Nominal Cable Power: W/m	Cable Length: m
	Other:		

Visual Inspection / Cleaning	System Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Controls: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Insulation: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned: <input type="checkbox"/> Yes Photograph Taken: <input type="checkbox"/> Yes
	Comments:	

Insulation Resistance Test	Test Preparation: Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated																								
	Cable Temperature: °C Temperature Correction Factor for 20°C: Ground all conductors not under test for each reading.																								
	<table border="1"> <thead> <tr> <th rowspan="2">Test Voltage</th> <th rowspan="2">Reading</th> <th colspan="4">Insulation Resistance (MΩ)</th> <th rowspan="2">Test Summary</th> </tr> <tr> <th>1-GND</th> <th>2-GND</th> <th>3-GND</th> <th>N-GND</th> </tr> </thead> <tbody> <tr> <td>V</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2"> <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed </td> </tr> <tr> <td></td> <td>Corrected to 20°C</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Test Voltage	Reading	Insulation Resistance (MΩ)				Test Summary	1-GND	2-GND	3-GND	N-GND	V						<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed		Corrected to 20°C				
	Test Voltage			Reading	Insulation Resistance (MΩ)				Test Summary																
		1-GND	2-GND		3-GND	N-GND																			
V						<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed																			
	Corrected to 20°C																								
Comments:																									

Power Test	<input type="checkbox"/> Not Applicable	Ambient Temperature °C
	Voltage: V	Current: V
	Total Power: W	Power per meter: W / m
	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed	

GFCI Test	Ground Fault Test: <input type="checkbox"/> Passed <input type="checkbox"/> Failed
	Comments:

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

System Data	Voltage: V	Phase:	Power:
	Manufacturer:	Model:	Serial Number:
	Other:		

Visual Inspection / Cleaning	System Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Controls: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned: <input type="checkbox"/> Yes Photograph Taken: <input type="checkbox"/> Yes
	Comments:	

Insulation Resistance Test	Test Preparation: Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected with Source Isolated														
	Cable Temperature: °C Temperature Correction Factor for 20°C: Ground all conductors not under test for each reading.														
	Test Voltage	Insulation Resistance (MΩ)	Test Summary												
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:15%;">A-GND</th> <th style="width:15%;">B-GND</th> <th style="width:15%;">C-GND</th> <th style="width:15%;">N-GND</th> </tr> <tr> <td style="text-align: center;">Reading</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">Corrected to 20°C</td> <td></td> <td></td> <td></td> </tr> </table>	A-GND	B-GND	C-GND	N-GND	Reading				Corrected to 20°C				<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed
	A-GND	B-GND	C-GND	N-GND											
Reading															
Corrected to 20°C															
V															
Comments:															

Power Test	<input type="checkbox"/> Not Applicable		Ambient Temperature: °C		
	Voltage at Heater:	<input type="checkbox"/> A-N <input type="checkbox"/> A-B V <input type="checkbox"/> B-N <input type="checkbox"/> B-C V <input type="checkbox"/> C-N <input type="checkbox"/> C-A V	Current	Ph A: A	Ph B: A
	Total Power:	W		Ph C: A	
	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed				
	Comments:				

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Repair / Replacement Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.



INSTRUMENTATION TRANSMITTER LOOP CHECKLIST

Project	
Facility:	Project Name:
Area :	Bid Opportunity:

Instrument (Sensor / Element)		
Tag:	Description:	
Manufacturer:	Model:	Serial Number:

Transmitter		
Tag:	Description:	
Manufacturer:	Model:	Serial Number:
Units:	Design Range:	
Output	<input type="checkbox"/> 4-20 mA <input type="checkbox"/> Modbus <input type="checkbox"/> Other: <input type="checkbox"/> 0-10 V <input type="checkbox"/> Ethernet IP	

PLC / DCS	
I/O Address:	EU Range:

Inspection Checklist			
No.	Item to be Inspected	Comments	Pass (P/F)
1.	Instrument type and class per P&ID and specification		
2.	Instrument tag(s) installed and correct		
3.	Installation of sensor complete and correct		
4.	Block and drain valves		
5.	Pneumatic / hydraulic tubing leak tested		
6.	Heat tracing / insulation / instrument housing		
7.	Impulse lines pressure tested		
8.	Wiring correct		
9.	Drawings marked up as-built		
10.	HMI Graphic symbol, tag and units correct		



INSTRUMENTATION TRANSMITTER LOOP CHECKLIST

Signal Validation					
Input Signal	Location	Design Value	Actual Value	Error (%)	Pass (P/F)
	Transmitter Display				
	Transmitter Output				
	Process Display				
	PLC				
	HMI				
	Transmitter Display				
	Transmitter Output				
	Process Display				
	PLC				
	HMI				
	Transmitter Display				
	Transmitter Output				
	Process Display				
	PLC				
	HMI				

Notes:

1. Attach factory calibration forms for all instruments where provided and/or specified.
2. Provide instrument parameters for each parameter changed from the factory default.

Comments:

	Company	Name	Signature	Date (yyyy/mm/dd)
Tested By				
Witnessed By				



INSPECTION FORM AC MOTOR, LOW VOLTAGE

Page: 1 of 2

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Motor Data	Size: kW / HP	Voltage: V	R.P.M:	
	Manufacturer:	Model:	Serial Number:	
	Frame Type:	FLA: A	Service Factor:	Other:
	Cooling: <input type="checkbox"/> Air <input type="checkbox"/> Fan	# Cooling Fans:	Winding Material:	

Visual Inspection / Cleaning	Motor Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Air Baffles: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Paint: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Filter Media: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Cooling Fans: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Fan Controls: <input type="checkbox"/> N/A <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Anchorage/Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	
	Mechanical/Electrical Noise During Operation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Lubrication Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Unit Cleaned: <input type="checkbox"/> Yes Photograph Taken: <input type="checkbox"/> Yes

Winding Insulation Resistance	Stator Winding	Test Voltage (Vdc)	Winding Temperature (°C)	Resistance (MΩ)			Dielectric Absorption Ratio	Polarization Index (a)
				30 Sec	1 min.	10 min. (a)		
		500	40				-	-
		500	40				-	-
		500	40				-	-
Notes:								
(a) Testing to 10 minutes and calculation of Polarization Index is only required for motors > 150 kW (200 HP)								
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed								

Winding Resistance	Resistance (μΩ)			Test Summary
	A - B	B - C	A - C	
Comments:				<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed



INSPECTION FORM AC MOTOR, LOW VOLTAGE

Page: 2 of 2

ID:

Bearing Insulation Resistance	<input type="checkbox"/> Not Applicable				
	Bearing	Test Voltage (Vdc)	Bearing Temperature (°C)	Resistance (MΩ)	
				1 min.	Corrected to 40°C
		500			
		500			
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed					

RTD / Thermistor Resistance	<input type="checkbox"/> Not Applicable					
	Actual Winding Temperature: °C			Actual Bearing Temperature °C		
	Thermistor / Switch	Resistance (Ω)	Thermistor / Switch	Resistance (Ω)	Thermistor / Switch	Resistance (Ω)
	RTD	Resistance (Ω)	Calculated Temperature (°C)	RTD	Resistance (Ω)	Calculated Temperature (°C)
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed						

Note: Test connection resistance of bolted connections. Report on cable inspection sheet.

Final Analysis	Returned to Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:
	Monitoring / Further Inspection Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	Repair / Replacement Required:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

	Company	Name	Signature	Date (yyyy/mm/dd)
Performed By				
Checked By				

Note: The person(s) performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.

