APPENDIX 'H'

MANITOBA HYDRO NETWORK COMMISSIONING REPORT

NETWORK COMMISSIONING REPORT

FIELD INSTRUCTIONS: Preferred Best Practice

- 1. Construction Foreman to contact Customer Service Center Supervisor upon completion of project.
- 2. Customer Service Center Supervisor to provide a delegate that will review project details with Construction Foreman in the field.
- 3. Delegate to identify deficiencies and record on report. If project is accepted as complete proceed to Step 5.
- 4. Construction to complete deficiencies and review with delegate.
- 5. Once project deemed acceptable delegate to sign under "Accepted as complete by Customer Service Center Representative"
- 6. One copy of report to be attached to working file.
- 7. One copy of report to be forwarded to Customer Service Center Supervisor with close out package.
- 8. Construction Manager to sign under "Accepted as Complete by Construction Manager" and file with final close out package.

| Network number | | | Descripti | on | | | | | |
|--------------------|-------------|---------------------|----------------|----------|----------------|----------------|----------------------------|----|---------------------------------------|
| Foreman name (lii | | Foreman name (pole) | | | | | Foreman name (underground) | | |
| IN-SERVICE DATE | уууу | mm dd | Plan atta | | No | Built as estin | nated Yes | No | Field Supervisor responsible for work |
| GENERAL COMMENTS | | | | | | • | | | |
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| D | . ~ | •• | , | | | 1 | | r | |
| Prepared by (Const | ruction Coc | ordinator/Fo | oreman) : Netv | vork Aut | nenticated Sig | nature yyyy | mm | dd | |

Network number

| WORK | APPLI | CABLE | STATE ALL DEFICIENCIES OR DISCREPANCIES | CORRECTIONS COMPLETED | | | | | | |
|---------------------------------|-------|-------|---|-----------------------|------------|--|--|--|--|--|
| CATEGORIES | Yes | No | STATE ALL DEFICIENCIES OR DISCREPANCIES | Department | yyyy mm dd | | | | | |
| Poles | | | | | | | | | | |
| Primary System | | | | | | | | | | |
| Secondary System | | | | | | | | | | |
| Transformer | | | | | | | | | | |
| Equipment Data | | | | | | | | | | |
| Street Lights | | | | | | | | | | |
| Connect/ Disconnects | | | | | | | | | | |
| Regulator | | | | | | | | | | |
| Capacitors | | | | | | | | | | |
| URD Secondary | | | | | | | | | | |
| URD Primary | | | | | | | | | | |
| Terminals | | | | | | | | | | |
| Materials Location/Condition | | | | | | | | | | |
| Site Condition | | | | | | | | | | |
| Sub Transmission System | | | | | | | | | | |
| Transmission System | | | | | | | | | | |
| Station System | | | | | | | | | | |
| GPS Locations Synchronized | | | | | | | | | | |

| SIGN OFFS (Network Authenticated Signatures): | | | | | | | | | | |
|--|------|----|----|--|------|----|----|--|--|--|
| Deficiencies identified by (Customer Service Center | уууу | mm | dd | Corrections completed by | уууу | mm | dd | | | |
| Representative) | | | | | 1 | | | | | |
| | | | | | | | | | | |
| WORK COMPLETION | | | | | | | | | | |
| I hereby accept the Construction and Workmanship of this Order and Consider it to be Complete. | | | | | | | | | | |
| Accepted as complete by (Customer Service Center Representative) | | mm | dd | Accepted as complete by (Construction Manager) | уууу | mm | dd | | | |
| Kepresentative) | | | | | | | | | | |
| | | | | | | | | | | |