



INSPECTION FORM MOLDED CASE CIRCUIT BREAKER, < 1000V

Page 1 of 2

ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Breaker Data	Location:	Panelboard/MCC:	Cell #:
	Manufacturer:	Type:	Serial #:
	Rated Voltage: V	Frame Size: A	Trip Unit:
	Interrupting Rating: kA	Comments:	

Visual Inspection / Cleaning	Breaker Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Electro/Mechanical Interlock: <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	Exercise Circuit Breaker: <input type="checkbox"/> Yes
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Other:
	Comments:	

Breaker Settings	Trip Unit Rating: A	Trip Unit Type: <input type="checkbox"/> None <input type="checkbox"/> Thermal Magnetic <input type="checkbox"/> Electronic <input type="checkbox"/> LI <input type="checkbox"/> LSI <input type="checkbox"/> LSIG						
	Breaker Setting (As Left)		Range	Setpoint		Delay	I²T	
	Long Time	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-	X	A =	A	sec	<input type="checkbox"/> On <input type="checkbox"/> Off
	Short Time	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-	X	A =	A	sec	<input type="checkbox"/> On <input type="checkbox"/> Off
	Instantaneous	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-	X	A =	A	N/A	
	Ground Fault	<input type="checkbox"/> Fixed <input type="checkbox"/> Adj.	-		A		sec	<input type="checkbox"/> On <input type="checkbox"/> Off

Insulation Resistance Test	<i>Perform insulation resistance measurements for breakers >= 250A, or as specified.</i>									
	Temperature: °C	Source: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected (Source Isolated)			<i>Approval is required, prior to leaving cables connected during the test.</i>					
		Load: <input type="checkbox"/> Disconnected <input type="checkbox"/> Connected (Load Isolated)								
	Test Voltage (VDC)	Insulation Resistance (MΩ)								
		Phase To GND (Breaker Closed)			Phase To Phase (Breaker Closed)			Line to Load (Breaker Open)		
		A	B	C	A - B	B - C	A - C	A	B	C
Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive. Further Investigation Required. <input type="checkbox"/> Test Failed										
Comments:										

Contact Resistance	<i>Perform contact measurements for breakers >= 250A, or as specified.</i>								
	Resistance (μΩ)	A	B	C	Test Summary <input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive Further Investigation Required. <input type="checkbox"/> Test Failed				
Comments:									



INSPECTION FORM
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ID:

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 SWITCH CHECKLIST

Project	
Facility:	Project Name:
Area :	Bid Opportunity:

Instrument		
Tag:	Description:	
Manufacturer:	Model:	Serial Number:

Inspection Checklist		
No.	Item to be Inspected	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.	Wiring correct	
8.	Drawings marked up as-built	
9.	HMI Graphic symbol and tag correct	

State Checklist						
State	State Desc	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off <input type="checkbox"/> N/A	
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	

Calibration					
Transition	Setpoint Trip Point (incl. units)	Actual Trip Point (incl. units)	Setpoint Time Delay	Actual Time Delay	Pass (P/F)
0 → 1					
1 → 0					

Comments:

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



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	

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				



PLC DISCRETE INPUT CHECKLIST

Project	
Facility:	Project Name:
Area :	Bid Opportunity:

PLC	
PLC ID:	Description:
Rack:	Slot:

Pt	Tag	Description	State	State Desc.	PLC Input	Local HMI	SCADA	Alarm	Pass (P/F)
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	




PLC DISCRETE INPUT CHECKLIST

			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	
			0		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	<input type="checkbox"/> N/A
			1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> On <input type="checkbox"/> Off	

Comments:

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

	INSPECTION FORM PANELBOARD, LOW VOLTAGE		Page 1 of 2
			ID:
Project	Facility:	Project Name:	
	Area :	Bid Opportunity:	

Panelboard Data	Location:		Fed From:		No. of Circuits:	
	Manufacturer:			Model:	Serial No:	
	Rated Voltage:	V	Current Rating:	A	Withstand Rating:	A
	<input type="checkbox"/> Single Phase		<input type="checkbox"/> 3 Phase, 3 Wire	<input type="checkbox"/> 3 Phase, 4 Wire	Neutral Bonded to Ground	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Main Lugs					
	<input type="checkbox"/> Main Breaker:		Rating:	A	Manufacturer:	Model: Inst. Setting:
	<i>Complete separate inspection form (F-BKR-MC-LV) for main breaker if >= 250A, or has long, short, or ground fault settings.</i>					

Visual Inspection / Cleaning	Identification Tag Installed:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Visual signs of Moisture:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Corona:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Fuse/Breaker Sizes Match Drawings:		<input type="checkbox"/> Yes <input type="checkbox"/> No	Cables Supported Appropriately:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found):		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Connections:		<input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Door Mechanical:		<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
	Exercise All Circuit Breakers:		<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	Note: Approval of City's Representative is required, prior to leaving cables connected during the test.				Equipment Temperature: °C		
							Temperature Correction Factor to 20°C:			
	Test Voltage	Insulation Resistance (MΩ) Ground all Phases not under test!								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		N-GND		
		RDG	20°C	RDG	20°C	RDG	20°C	RDG	20°C	
Test Voltages: 120-300V → 500 VDC Test Voltage 301-600V → 1000 VDC Test Voltage										
Comments:										

Breakers < 100A and Without Inst. Setting					
<i>List by model of breaker. Multiple breakers of varying ampacity may be listed per line.</i>					
Type	Manufacturer	Model Series	Interrupting Rating (kA)	Positions/Circuits	Notes
A					
B					
C					
D					
E					
F					



INSPECTION FORM PANELBOARD, LOW VOLTAGE

ID:

Breakers >= 100A or with Inst. Setting									
<i>List each breaker individually. Complete separate inspection form (F-BKR-MC-LV) for breaker if >= 250A, or has long, short, or ground fault settings.</i>									
Load/Feeder Breakers	ID	Pos.	Manufacturer	Model	Trip Rating (A)	Int. Rating (kA)	Inst. Setting	Separate Form	Notes
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	
								<input type="checkbox"/>	

Final Analysis	Returned to Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
	Monitoring / 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 performing the check is responsible for ensuring that the data is transcribed from the handwritten form correctly, and that the analysis results are correct.