



UTHVS Personnel shall inspect and document PRIMARY SERVICE CONNECTIONS for Construction Power by the following checklist. Add additional sheets as needed for additional loadways and primary transformers.

General	
Project or Bldg Description	# of attachments
<input type="checkbox"/> Area of Primary equipment is clear of construction materials and trash <input type="checkbox"/> Access to the area is restricted, properly posted, and labeled <input type="checkbox"/> Access doors have been converted to the appropriate Keying <input type="checkbox"/> Equipment locks and LOTOs have been turned over to UTHVS <input type="checkbox"/> All incoming ways, loadways, and tie switches are open, and all spare loadways are locked open with insulation caps installed and grounded	
Primary Select Switch	
Make	Configuration
Loadway Protection RFI _____ Setting _____ Fuse _____ Rating _____	Transfer Mode <input type="checkbox"/> Manual <input type="checkbox"/> Auto Delay time _____ seconds Main & Loadway Ratings _____, _____
<input type="checkbox"/> Manhole, splices, and service entrance complete and to BDS Division 33 requirements <input type="checkbox"/> Post Installation Testing Completed successfully and documented <input type="checkbox"/> Primary Switch Terminations <input type="checkbox"/> Grounding connections <input type="checkbox"/> Lightning Arrestor type, location, and connections <input type="checkbox"/> Lateral and loadway cable access	<input type="checkbox"/> Personnel access for termination, operation, and inspection <input type="checkbox"/> Control Box location <input type="checkbox"/> Installation of voltage and current sensors <input type="checkbox"/> Operating sequence verified for live and dead transfers <input type="checkbox"/> Access Control <input type="checkbox"/> Material Condition of equipment and area <input type="checkbox"/> Labeling
Comments	

Primary Cable - Mains		
Manufacturer	Jacket	Conductor Size
Insulation	Shield	Ground Cable
BDS Div 33 Compliance. If no, state reason: <input type="checkbox"/> yes <input type="checkbox"/> no		

Primary Cable - Laterals		
Manufacturer	Jacket	Conductor Size
Insulation	Shield	Ground Cable
BDS Div 33 Compliance. If no, state reason: <input type="checkbox"/> yes <input type="checkbox"/> no		



Primary Cable - Loadways

Manufacturer	Jacket	Conductor Size
Insulation	Shield	Ground Cable
BDS Div 33 Compliance. If no, state reason: <input type="checkbox"/> yes <input type="checkbox"/> no		

Transformer Disconnect Switch

Manufacturer	Load Rating
Fuse Rating & Type <input type="checkbox"/> Switch Action <input type="checkbox"/> Fuse on Load side <input type="checkbox"/> Post Installation Testing Completed successfully and documented <input type="checkbox"/> Grounding connections <input type="checkbox"/> Lightning Arrestor type, location and connections <input type="checkbox"/> Cable access	<input type="checkbox"/> Personnel access for termination, operation, and inspection <input type="checkbox"/> Switch Configuration <input type="checkbox"/> Transformer High Side cable rating and terminations <input type="checkbox"/> Fuse Type and Rating _____ <input type="checkbox"/> Material Condition of Equipment and area <input type="checkbox"/> Operation verified <input type="checkbox"/> Labeling
Comments	

Primary Transformers

Manufacturer	Type
Primary Voltage and Arrangement	Secondary Voltage and Arrangement
BIL	Temp Rise <input type="checkbox"/> OA <input type="checkbox"/> FA <input type="checkbox"/> FOA
Winding Material <input type="checkbox"/> Post Installation Testing Completed successfully and documented <input type="checkbox"/> Tap Selection <input type="checkbox"/> Grounding connections <input type="checkbox"/> Lightning Arrestor type, location, and connections <input type="checkbox"/> Cable access	<input type="checkbox"/> Personnel access for termination <input type="checkbox"/> Transformer High Side cable rating and terminations <input type="checkbox"/> Transformer Low Side cable rating and terminations <input type="checkbox"/> Material Condition of equipment and area <input type="checkbox"/> Personnel access for inspection and maintenance <input type="checkbox"/> Labeling
Comments	



Secondary Main(s)

Secondary Properly Protected <input type="checkbox"/> yes <input type="checkbox"/> no	Description of Secondary System			
Meter Manufacturer	Model #		Meter Multiplier	
CT Ratio	Conn.	PT Ratio	Conn.	
Meter certification provided and acceptable <input type="checkbox"/> yes <input type="checkbox"/> no		Metering is operational <input type="checkbox"/> yes <input type="checkbox"/> no		
<input type="checkbox"/> ODIC State Electrical Inspection sticker is present Comments				

Signatures

Inspected by	Date	Reviewed and Approved (with conditions) by	Date
--------------	------	--	------

Signatures

Final inspection (if conditionally approved) by	Date	Final Review and Approval by	Date
Energized by	Date		