

UTHVS Personnel shall inspect and document PRIMARY SERVICE CONNECTIONS for Permanent 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 insulated 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"/> Water hazard <input type="checkbox"/> 2-hour Fire-Rated Enclosure <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"/> Secondary fire pump and metering connections <input type="checkbox"/> Transformer High Side cable rating and terminations <input type="checkbox"/> Transformer Low Side cable rating and terminations <input type="checkbox"/> Fans and Fan controller properly guarded and powered <input type="checkbox"/> Fire Pump disconnect and fusing installed and tested <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) and Bus Ties

| | | | | |
|---|-------------------|---|----------------------|-------------------------------------|
| Manufacturer | | | | |
| Load Rating A | | Fault Interrupting Rating KA | | Momentary Fault Rating KA |
| Bus Configuration <input type="checkbox"/> Single <input type="checkbox"/> Double Ended <input type="checkbox"/> Kirk Intl. | Onsite Generation | Rating | Capable of Back-feed | Interlocks or Protection |
| Meter Manufacturer | | Model # | | Meter Multiplier |
| CT Ratio | Conn. | PT Ratio | Conn. | |
| <input type="checkbox"/> Main fully rated <input type="checkbox"/> Coordination and fault study available <input type="checkbox"/> Trip checked and functional <input type="checkbox"/> Switchgear post installation testing completed successfully and documented <input type="checkbox"/> Trip settings and verification report available <input type="checkbox"/> Meter certification provided and acceptable | | <input type="checkbox"/> Metering is operational <input type="checkbox"/> Metal enclosed switchgear with remote trip & close capability Required <input type="checkbox"/> Yes <input type="checkbox"/> No Supplied <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Breaker Control Stations are remote, located outside of an Arc Flash hazard area <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 | | |