ESCO GROUP

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MEDIUM-VOLTAGE CABLE DC HIGH POTENTIAL TEST

CLIENT:______________________________ PAGE:__________

ADDRESS:______________________________ JOB #:__________

USER:______________________________ CMMS #:__________

DATE:__________ TEMPERATURE: ________°F HUMIDITY:________% EQPT. LOCATION: __________

SUBSTATION:______________________________ CIRCUIT ID:__________

CABLE SOURCE:______________________ CABLE TERMINATION POINT: ______________________

MANUFACTURER:______________ ◯ NON-SHIELDED CONDUCTOR MATERIAL:__________ INSTALLED IN:__________

INSULATION TYPE:______________ ◯ TAPE-SHIELDED NO. OF CONDUCTORS:__________ AGE:__________

% INSULATION:______________ ◯ WIRE-SHIELDED OPERATING VOLTAGE: __________kV LENGTH:__________FT

INSULATION THICKNESS:______________MILS RATED VOLTAGE: __________kV SIZE: ________KCMIL

CONNECTED EQUIPMENT:______________________________

TIME MINUTES	TEST VOLTAGE	PHASE A µA	PHASE B µA	PHASE C µA ∆

INSULATION RESISTANCE (Megohms) @_______kVDC			
DECAY TO 5kV (Seconds)			
SHIELD RESISTANCE (Ohms)			

PHASE IDENTIFICATION

PHASE A:■ __________ PHASE B: ● __________ PHASE C: ∆ __________

VISUAL AND MECHANICAL INSPECTION

Item	Sat	Unsat	N/A	Note No.:
Compare cable data with drawings and specifications. **	◯	◯	◯	
Inspect exposed sections of cables for physical damage.				
Inspect compression-applied connectors for correct cable match and indentation.	◯	◯	◯	
Inspect shield grounding, cable support, and terminations.				
Verify that visible cable bends meet or exceed ICEA and/or manufacturer's minimum allowable bending radius.	◯	◯	◯	
Inspect fireproofing in common cable areas.				
If cable are terminated through window-type current transformers, inspect to verify that the neutral and ground conductors are correctly placed and that the shields are correctly terminated for operation of protective devices.	◯	◯	◯	
Inspect for correct identification and arrangements.				
Inspect jacket and insulation condition.	◯	◯	◯	
Inspect bolted electrical connections for high resistance using one of the following methods: Low Resistance Ohmmeter				

COMMENTS:______________________________

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DEFICIENCIES:______________________________

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Test Set Identifier:______________________________

Tested By:______________________________