

QUALITY CONTROL CHECK LIST

Date: _____
 Client: _____
 Address: _____
 Owner/User: _____
 Address: _____

Page: _____
 Job #: _____
 EQPT ID#: _____
 EQPT Location: _____
 CMMS #: _____

Electrical Contractor Foreman

Electrical Contractor Technician

Client/Owner Representative

Printed	Printed	Printed
Date	Date	Date
Signature	Signature	Signature

Switchgear/Breakers	<input type="checkbox"/> N/A	Note No.:
	Yes No N/A	
Switchgear Cleaned	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Bus Boots Reinstalled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Barriers Reinstalled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Common Bus Tested	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Test Results Acceptable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Connections Reconnected/ Torqued/Torque Seal Applied	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Cubicles Inspected For Foreign Materials	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Circuit Breakers Reinstalled and Settings Verified	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Charging Motor Switch Turned On	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Fuses Reinstalled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PT's/CPT's Racked In/ Sec. Fuses/ Circuit Breakers Turned On	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Switches/Breakers Left in Request Position for Energization	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Panels Reinstalled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Grounds/Tools Removed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Test Stickers Applied	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Equipment Ready to Energize	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Transformer	<input type="checkbox"/> N/A	Note No.:
	Yes No N/A	
Phasing Verified Before Removal of Cables	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Transformer Cleaned	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Transformer Testing Complete	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
All Test Results Acceptable	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Core Ground Reconnected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPT Connections Reconnected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
HRG Reconnected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Primary & Secondary Connected/Torqued	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Phasing Verified After Reconnection	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Primary/Secondary Fuses Reinstalled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Top of Transformer Core & Coils Inspected for Foreign Materials	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tools/Test Leads Removed & Counted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Grounds Removed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Panels Reinstalled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Test Stickers Applied	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Transformer Ready to Energize	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Cables	<input type="checkbox"/> N/A	Note No.:
	Yes No N/A	
Phasing Verified/Labeled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cables Determined	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Terminations Cleaned/Inspected	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cables Tested	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Test Results Reviewed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cables Terminated and Torqued	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Verify Cables Terminated as Labeled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Tools/Test Leads Removed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Grounds Removed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Final Visual Inspection	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Panels Reinstalled	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Cables Ready to Energize	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Comments: _____

Deficiencies: _____

Test Equipment IDs: _____

Tested By: _____