

PROJECT DETAILS & LOGOS

CHECK LIST FOR:
MEDIUM-VOLTAGE SWITCHGEAR TESTING AND COMMISSIONING
(PRE-COMMISSIONING CHECK LIST)

Form No:
Rev. No : 0
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SUBCONTRACTOR

CONTRACTOR

SECTION OF WORK: Electrical
LEVEL:

LOCATION:
WIR No.:

STAGE	ITEM	Checked by		Checked by	Date
		S/C	CONT	CONS.	

Visual Inspection	1. Ensure the absence of all foreign bodies inside the switchboard.				
	2. Check the outer appearance (absence of any traces of shocks, peeling paint) carries out any touch-ups if needed.				
	3. Check the compliance with the protection index (leak tightness of the functional units, various sealing points, etc.).				
Mechanical checks	4. Operating and interlocking tests on the access doors and mobile panels.				
	5. Tests for the figure lock systems.				
	6. Mechanical tightening inspection (electrical jointing, power and earthing circuits etc.).				
	7. Operating manoeuvres on the moving parts: - Plugging-in and withdrawing, - Arming, closing and tripping.				

For S/C QA/QC:	Date:	FOR CONTRACTOR QA/QC:	Date:	For Cons. Rep.:	Date:
Name:	Sign:	Name:	Sign:	Name:	Sign:

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SAFETY PRECAUTIONS	1. Adequate lights are provided in the Work Area prior to installation.				
	2. Ensure only trained/ Authorised & licensed persons only shall operate the power tools and do the Testing job.				
	3. Ensure that barricade & warning boards on the area are available prior to installation.				
	4. Ensure that Temporary live cable management plan shall develop and implemented.				
	5. Ensure all electrical tools to be used in the installation are not damage.				
	6. Ensure that Necessary PPE to be worn while working in energized circuits				
	7. Check that LOTO procedure implemented and followed.				
	8. Ensure PTW to be applied and obtained to start work on the required area.				
	9. Emergency response plan & procedure shall be developed and established as per the site condition during the execution of activity				
	10. Calibrated Instruments only to be used.				

For S/C QA/QC: Date:	FOR CONTRACTOR Date: QA/QC:	For Cons. Rep.: Date:
Name: Sign:	Name: Sign:	Name: Sign: