UPF MEGGER TEST INSPECTION RECORD

Work Package No.: _____

Task No.: _____

DMC NUMBER:		**DATE:**
PROJECT NUMBER:	**PROJECT NAME:**	
BLDG/AREA:	**SYSTEM:**	**WORK PACKAGE NUMBER:**
EQUIPMENT ID:		**LOCATION:**
QUALITY LEVEL: ☐ **Q** ☐ **RS** ☐ **CC** ☐ **N/A**		
TEST EQUIPMENT (Manuf., Model, M&TE#):		**CALIBRATION DUE:**

COMPONENT MOTOR, CABLE, BUS, ETC.	TEST VOLTS	TIME SECS	READINGS - MEGOHMS						NCEX
			AG	BG	CG	AB	BC	CA	

COMMENTS:

TEST TECHNICIAN:(print/sign) **DATE**

FE: (print/sign) **DATE:**

QCE: (print/sign) **DATE:**