



INSPECTION FORM MOTOR STARTER, FVNR, 600V

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ID:

Project	Facility:	Project Name:
	Area :	Bid Opportunity:

Starter Data	Load:	Starter Location:	Cell #:		
	Manufacturer:	Type:	Serial #:		
	Size:	Rated Voltage: V	Current Rating: A	Control Voltage: V	
	Circuit Protection:	<input type="checkbox"/> Fused Disc.	Rating: A	Fuse Size: A	Fuse Mfg. Model:
		<input type="checkbox"/> Breaker <input type="checkbox"/> MCP	Rating: A	Inst. Setting: A	Manufacturer: Model:
	Overload Protection:	<input type="checkbox"/> Thermal <input type="checkbox"/> Electronic	Class: <input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> Unknown	Setting / Rating: A	Manufacturer: Model:
		Control Power Transformer:	Size: VA	Sec. Voltage: V	Primary Fuse: A Secondary Fuse: A
	Current Transformer:	Ratio:	Type:		

Motor Data	ID:	Size: kW / HP	Voltage: V
	Full Load Amps: A	Service Factor: <input type="checkbox"/> 1.00 <input type="checkbox"/> 1.15	Other:

Visual Inspection / Cleaning	Starter Identification Tag Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Visual Signs of Overheating: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Cleanliness (As Found): <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Support Insulators: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Connections: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Electro/Mechanical Interlock: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Ground Connection: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Contact Condition: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Door Mechanical: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor	Contact Alignment: <input type="checkbox"/> Good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor
	Verify O/L element is correctly sized for the load: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exercise Circuit Breaker/MCP/Disconnect <input type="checkbox"/> Yes
	Cables Supported Appropriately: <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Cleaned: <input type="checkbox"/> Yes Photograph Taken: <input type="checkbox"/> Yes
	Comments:	

Contact/Pole Measurements	Test	A	B	C	Test Summary	
	Contact Resistance ($\mu\Omega$)					<input type="checkbox"/> Test Passed <input type="checkbox"/> Test Inconclusive <input type="checkbox"/> Test Failed Further Investigation Required.
	Disconnect / Breaker / MCP Resistance ($\mu\Omega$)					
	Fuse Resistance ($\mu\Omega$)					
Comments:						

