

# Package/Kiosk Substation Checklist

Project/ Job name: \_\_\_\_\_ Location of Work: \_\_\_\_\_

Drawing No: \_\_\_\_\_

Manufacture: \_\_\_\_\_ Model/Size: \_\_\_\_\_

Serial number HV Switch: \_\_\_\_\_ Serial Number Transformer: \_\_\_\_\_

Substation Number: \_\_\_\_\_

Check the following items	OK	Remedial Action/ Comments/Feedback
1. Site Clean		
2. Location and orientation within Easement OK		
3. Check Ground is Level and access to asset is OK		
4. Check Concreting is OK and to relevant Standard		
5. Check Signage is Correct and OK		
6. Check Asset Numbering (Streetlight/Substation/Test/Pole Etc) is Correct and Installed OK		
7. Ventilation grids clear		
8. Check Enclosure for Damage		
9. Check cooling fins, TX Bushings and unit is in good condition with no damage and conductors and Cables are clear of Fins		
10. Locks installed functional and doors/lids in working order		
11. Doors and Frame Earthed Correctly		
12. Neutral/Earth connection to standards		
13. Vacant Conduits Capped		
14. Grouting on sub floor is complete and OK		
15. Vermin proofing (Conduits filled with Foam a fill and/or Gland plates installed)		
16. Cable correctly supported		
17. HV/LV Bushings OK - No Damage		
18. Check System Voltage, vector group (DYN1) and rating to ensure as designed		
19. Check Oil level and ensure no leaks		
20. Check wiring is completed to relevant standard and of good workmanship		
21. CT and MDI metering installed and connected		
22. Generator Isolator installed and identified		
23. LV Circuits identified clearly and per standard		

24. Perspex covers installed		
25. Cable terminations correctly labelled and identified including phasing and Destination Tags - Phasing Heatshrink to be below termination		
26. Check Fault Indicators Installed		
27. Check Switch Numbering is Correct and Installed OK		
28. All Connections tight to relevant Torque		
29. Switch handle is with Unit		
30. Switchgear (HV/LV) is functional		
31. Check HZ Unit 3 Phase Operation (If Fitted)		
32. Fuses/links in cubicle/at Site (not Installed)		

Inspected by (print name): \_\_\_\_\_

Inspected by signature: \_\_\_\_\_

Date inspected: \_\_\_\_\_

<b>TO BE FILLED BY OFFICER IN CHARGE OF CONSTRUCTIONS</b> <b>Verify below forms/certificates comply and results are OK for energising the asset</b>	<b>OK</b>	<b>Remedial Action/ Comments/ Feedback</b>
Verify that the above checklist has been completed		
Earthing Installation Resistance Certificate of Test Received		
Ground Mounted Transformer Certificate of Test completed		
Test date and tag on asset and within 12 months		
Underground Cable Installation Checklist Completed		

Officer in charge of construction (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_