

FORM I - INSTALLATION TEST REPORT Bhutan Power Corporation Limited

Electricity S Bhutan Pow	nal Manager ervices Division/Sub Division rer Corporation Ltd.			
Subject:	Request for Installation test			
Sir/Madam,				
I/We would like to inform you that the new electric/repaired/altered installation at my premises in (location) is duly completed and the necessary tests have been carried out. I/We would therefore like to request you to kindly depute your representative to inspect and verify the tests results and release the supply. Yours sincerely,				
Signature aı	nd Name of Customer or his representative			

Test results (For BPC use only):

1. Insulation Resistance (IR)

IR	Value	IR	Value	IR	Value (Mega
Between	(Mega ohm)	Between	(Mega ohm)	Between	ohm)
R-E		Y-E		В-Е	
N-E		R-N		Y-N	
B-N		R-Y		B-R	
Y-B		Others			

- 2. Measurement of Earth Electrode Resistance
- 2.1 Earth Pits



Pit No.	Resistance (Ω)	Remarks

2.2 Earth Continuity and Earth Wire Resistance Tests

Parameters	Findings	Remarks
Earth Continuity		
Earth Wire Resistance		

2.3 Polarity Tests & Functional Tests of ELCB/RCCB

Parameters	Findings (Ok/Not ok)	Remarks
Polarity		
ELCB/RCCB		

3. Load Balance (Connected Load)

Sl.		R Phase		Y Phase		B Phase	
N o.	Load Particulars	No	Total kW	No	Total kW	No	Total kW
1	Light points						
2	Fan points						
3	Power points						
4	Other loads						
	Total						

Other tests (if any):	
Observation/Conclusion/Recommendations:	



Certification by Applicant's Testing Engineer/Technician (wherever applicable):

I certify that the above tests were carried out by me as per the Company's applicable standards. Name: _____Signature: _____ CID No.:____ License No.:_____ Qualification:_____ Designation:_____ Contact Number:_____(Mobile); ______(Fixed) the Company's Findings/Comments by **Testing Technician/Engineer:** The above tests were carried out/results have been verified at site by me as per the Company's applicable standards in presence of the Applicant's Testing Engineer/Customer's Representative and found to meet _____/not meet the Company's minimum requirement. Signature, Name & Designation of the Company's Testing Technician/Engineer: Approved: Not Approved

Name & Signature of the Billing Head/Manager: