



Distribution Energization Checklist

RESET FORM

Lift Information:	EMPLOYEE:	SIGNATURE:	DATE:
UNIT #:	MODEL:	CURRENT MILEAGE:	OIL CHANGE DUE:
Service Information:	Voltage: 120/240 <input type="checkbox"/> 120/208 <input type="checkbox"/> 277/480 <input type="checkbox"/> 347/600 <input type="checkbox"/> _____ <input type="checkbox"/>		
Phase: <input type="checkbox"/> 1PH <input type="checkbox"/> 3PH <input type="checkbox"/> Delta <input type="checkbox"/> Wye	Wires / Phase: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> _____	Amperage:	
Wire Size:	Wire Type:	Wire Material: <input type="checkbox"/> CU <input type="checkbox"/> AL	
Manufacturer:	Model / Serial #:	Panel Tag:	
Protection: <input type="checkbox"/> Breaker <input type="checkbox"/> Fuse	Fuse Size / Breaker Setting:		

POST ENERGIZATION

Check All That Apply: Y = Yes N = No N/A = Not Applicable

	Y	N	N/A						
All Cables Phased / Color Coded Appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Phases Balanced in Conduits (Multiple Cables per Phase - A / B / C / N in Each Conduit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
All Cables Ends Coated with Antioxidant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
All Terminations Torqued to Manufacturer Spec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Buss Connections Torqued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Clean - Free of Dust / Dirt / Miring Stripping's / Debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Metering / C.T.'s Installed Correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Covers All Installed - All covers to be in place BEFORE Energization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Grounding and Bonding Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Electrical Inspection Complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Before Wires are Terminated, Insulation Resistance Test Completed (Meggered)?	Yes / No		<input type="checkbox"/>						
A to B	A to C	B to C	A to N	B to N	C to N	A to Grd	B to Grd	C to Grd	N to Grd
Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω
Equipment Bussing Megger Test Completed	Yes / No		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
A to B	A to C	B to C	A to N	B to N	C to N	A to Grd	B to Grd	C to Grd	N to Grd
Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω
After Termination OHM Test Completed on Cables - Confirmed Cable Arrangement	Yes / No		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
A to B	A to C	B to C	A to N	B to N	C to N	A to Grd	B to Grd	C to Grd	N to Grd
Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω	Ω
Termination Torque Double Checked	Yes / No		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

POST ENERGIZATION

Test Voltage									
A to B	A to C	B to C	A to N	B to N	C to N	A to Grd	B to Grd	C to Grd	N to Grd
V	V	V	V	V	V	V	V	V	V

Check All That Apply: Y = Yes N = No N/A = Not Applicable

	Y	N	N/A
Tested / Confirmed Phase Rotation Correct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tested Connected Equipment for Correct Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ACKNOWLEDGEMENTS

Employee Name: _____ Signature: _____ Date: _____

Customer / Utility: _____ Signature: _____ Date: _____