Date of Testing:

ForumElectrical.Com

Location:

RCCB Testing Checklist

Page No:

| 1). Installation Pa | articulars [Please tick ($$)relevant boxes & enter appropriate details] |
|---------------------|--|
| Work | |
| Drawing Number | |
| Block Number | |
| DB Location | Single phase Phase R Y B 3 Phase |

| 2). Test Instrument Required | | | | | | | | | | |
|------------------------------|------|-----------|------------|---------------------|--|--|--|--|--|--|
| Instrument | Make | Model No. | Serial No. | Calibration Date | | | | | | |
| RCCB Tester | | | | | | | | | | |

| 3). RCCB Particulars (Please $[]$ Relevant box) | | | | | | | | |
|--|-------------------|------|--------------|--|--|--|--|--|
| | ated rent (In) | Make | Model Number | | | | | |
| 40A DP | 63A DP | | | | | | | |

| 4). TEST Results (Please X where not applicable) | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| Circuit Number And Phase | | | | | | | | | | |
| Circuit Reference | | | | | | | | | | |
| Mark S for Socket and L for Lighting. Others (specify | | | | | | | | | | |
| Number of Points | | | | | | | | | | |
| RCCB Rated Tripping Current, $I\Delta_n$ (mA) | | | | | | | | | | |

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| | TEST | | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х | Х |
|---|---|-------|---|---|---|---|---|---|---|---|---|---|---|---|
| RCCB Test Button (Mark T - Trip & NT - No Trip) | | (i) | | | | | | | | | | | | |
| ¹ / ₂ I Trip (Mark T - ' Trip) | ½ I Trip (Mark T - Trip & NT - No | | | | | | | | | | | | | |
| RCCB Trip Time | I Trip at 0º (ms) | (iii) | | | | | | | | | | | | |
| at | I Trip at 180 ^o (ms) | (iii) | | | | | | | | | | | | |
| | 5I Trip at 0 ^o (ms) (if applicable) | (iv) | | | | | | | | | | | | |
| | 5I Trip at 180° (ms) (if applicable) | (iv) | | | | | | | | | | | | |
| RCCB Test Button (after completion of above tests) (Mark T - Trip & NT - No Trip) | | (v) | | | | | | | | | | | | |
| RCCB Trip Current Test (Ramp Test) (mA) | | (vi) | | | | | | | | | | | | |

5). Comments

| Те | sting Engineer | Verification Engineer | | | | | | |
|--------------------|----------------|-------------------------|--|--|--|--|--|--|
| Name | | Name | | | | | | |
| Designation | | Designation | | | | | | |
| Date of Testing | | Date of Verification | | | | | | |