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# **Auto Reclose Relay Testing Checklist**

Consumer	Location
Serial	Make &
	Туре
Station	Bay

### **Test Equipment Detail**

Type/Model: Calibration:

Relay Information	Remarks
Relay Type	
Model Number	
Serial Number	
Rated Current In	
Auxiliary Voltage U <sub>Aux</sub>	
VT Ratio	

#### **Relay Checks**

	Yes	No	Remarks
Visual Inspection			
Relay Damaged?			
Is the rating information for installation correct?			
Case earth installed?			
Test block connections checked?			

### **Relay Energized**

	Yes	No	Remarks
Auxiliary Supply - Measured			
Relay healthy LED (Green) working?			
Alarm LED (Orange) working?			
Trip LED (Red) working?			

Contractor	Site Engineer	Testing Engineer
Name:	Name:	Name:
Designation:	Designation:	Designation:
Sign:	Sign:	Sign:
Date:	Date:	Date:

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#### **Secondary Injection Test**

Measurements: at 25%

		Applied Value	Expected	Measured at Relay
	U1			
17-14- e-	U2			
Voltage	U3			
	U4			

Measurements: at 50%

		Applied Value	Expected	Measured at Relay
	U1			
17-14- e-	U2			
Voltage	U3			
	U4			

Measurements: at 100%

		Applied Value	Expected	Measured at Relay
	U1			
Voltogo	U2			
Voltage	U3			
	U4			

Contractor	Site Engineer	Testing Engineer
Name:	Name:	Name:
Designation:	Designation:	Designation:
Sign:	Sign:	Sign:
Date:	Date:	Date:

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### 1). Synchro-check Voltage Check

SET VALUE  ΔU % (V)	APPLIED VOLTAGE U1	MEASURED VOLTAGE U2			
		PICK-UP	DROP-OFF		

### 2). Synchro-Check -Frequency Check

PRE-SET	PICK-UP	LIMITS

#### 3). Synchro- Phase Angle Check

SET VALUE	ANGLE DIFFERENCE	
	PICK-UP LIMITS	

Contractor	Site Engineer	Testing Engineer
Name:	Name:	Name:
Designation:	Designation:	Designation:
Sign:	Sign:	Sign:
Date:	Date:	Date:

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## **Auto Reclose Relay Testing Checklist**

#### **Dead Time Measurement**

Set Time (Sec)	Measured Time (Sec)

#### **Reclaim Time Measurement**

sured Time (Sec)

AR shots tested as per approved settings. AR tested with synchronization.

Event Record & Oscillography Fault Recording Checked: All Binary Input, Output & LEDs Tested: Relay Time & Date Configured:

Contractor	Site Engineer	Testing Engineer
Name:	Name:	Name:
Designation:	Designation:	Designation:
Sign:	Sign:	Sign:
Date:	Date:	Date:

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