

# Certificate of Test – LV Cables

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

Drawing Nos: \_\_\_\_\_

### Carry out the following Tests

1. Test between each phase (including Neutral Phase) and earth with a 1000V Mega tester and measure resistance
2. Carry out testing to ensure Phasing is correct.

### Results (MΩ)

Circuit	Circuit 1	Circuit 1	Circuit 1	Circuit 1	Circuit 1
Cable Origin					
Cable Destination					
RØ To Earth					
WØ To Earth					
BØ To Earth					
NØ To Earth					
Insulation Tests OK (Above 1MΩ)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Circuit Phasing OK	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cable/Switch No's OK	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Instrumentation Details

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Serial Number: \_\_\_\_\_ Date of Last Calibration: \_\_\_\_\_

### Sign Off

Testing Carried Out By: \_\_\_\_\_ Date of Test: \_\_\_\_\_

Signature of Tester: \_\_\_\_\_ Contact No. of Tester: \_\_\_\_\_