ATTACHMENT D
CAPACITOR BANK (CB) INSPECTION FORM

ELECTRICAL INSPECTOR SHALL FILL OUT SPACES BELOW

CB IDENTIFICATION: CB Name _____CB ID Letters: _____

Inspected by _____Ext. _____Date _____Last Inspected on: _____

1. Are there Access Procedure for this CB? .....❑ yes ...❑ no AP No. _____

2. Are there Unresolved Safety Concerns ? .....❑ yes ...❑ no If you have checked "yes," then:

2a. Who has Corrective ACTION ? _____**2b**. Completion Date: _____

3. Does this area contain:

3a. Any source of ionizing or non-ionizing radiation? .....❑ yes .❑ no

Identify source when checked "yes." _____

3b. Oil-filled electrical or mechanical equipment (>3 Gal.)? .....❑ yes .❑ no

Identify equipment when checked "yes." _____

4. Are safety accessories available and currently tested? .....❑ yes .❑ no

5. B & Y information sign on access door correct and agrees with CB Data Base? .....❑ yes .❑ no

6. Is the Safety Watch current in CPR training? .....❑ yes .❑ no

7. Are the Accessors current in their CPR training? CA 1: .❑ yes .❑ no CA 2: .❑ yes .❑ no CA 3: .....❑ yes .❑ no CA 4: .❑ yes .❑ no CA 5: .❑ yes .❑ no CA 6: .....❑ yes .❑ no

8. Accessor demonstrates knowledge of circuits: .....❑ Good .....❑ Adequate .....❑ LTA*

9. Quality and availability of As-Built Drawings: .....❑ Good .....❑ Adequate .....❑ LTA

10. Door "orange-padlock" and Kirk-key system test: .....❑ Good .....❑ Adequate .....❑ LTA

11. Maintenance of Isolation and Grounding Switches: .....❑ Good .....❑ Adequate .....❑ LTA

12. Maintenance of Shorting resistors: .....❑ Good .....❑ Adequate .....❑ LTA

13. Condition of grounding circuits and equipment: .....❑ Good .....❑ Adequate .....❑ LTA

14. Accessor demonstrates grounding procedure: .....❑ Good .....❑ Adequate .....❑ LTA

15. Verify short-circuit withstand ratings of conductors: .....❑ Good .....❑ Adequate .....❑ LTA

16. Condition of barriers; No non-electrical hazards: .....❑ Good .....❑ Adequate .....❑ LTA

17. Access space sufficient for "safing" operations: .....❑ Good .....❑ Adequate .....❑ LTA

18. Area lighting under normal accessing conditions: .....❑ Good .....❑ Adequate .....❑ LTA

19. Communications available to Safety Watch: ❑ Phone Ext. #_____❑ 2W Radio ❑ PA Sys.
❑ Other: _____***LTA = Less Than Adequate**

Comments:_____

_____

_____

Operating and/or Maintenance restrictions: ❑ **NONE** ❑ **AS FOLLOWS:** _____

_____

❑ **APPROVED** ❑ **APPROVED WITH RESTRICTIONS** ❑ **NOT APPROVED**

Signatures: _____ _____
(Cog, Safety Person) ❑ Electrical ❑ Safety Interlock Coordinator Date