

**INVERSE TIME (OVERCURRENT AND EARTH FAULT) RELAY CALIBRATION CERTIFICATE**

|   |  |
|---|--|
| Company Name (Electrical Services Contractor) |  |
| Registration No                               |  |
| Address                                       |  |

|                 |  |
|-----------------|--|
| Client          |  |
| Installation    |  |
| Circuit         |  |
| Reference No. : |  |

| C.T Details |  | O/C Relay Details |  | E/F Relay Details |  |
|-------------|--|-------------------|--|-------------------|--|
| Make        |  | Make              |  | Make              |  |
| Ratio       |  | Type              |  | Type              |  |
| Class       |  | Serial Number     |  | Serial Number     |  |
| VA          |  | Rated Amp.        |  | Rated Amp.        |  |

**TEST RESULTS :**

|               |       |      |              |       |      |
|---------------|-------|------|--------------|-------|------|
| RELAY SETTING | O/C : | TM : | TEST SETTING | O/C : | TM : |
|               | E/F : | TM : |              | E/F : | TM : |

**A. OPERATING CURRENT TEST**

| OVERCURRENT |                       |              |            | EARTH FAULT |                       |
|-------------|-----------------------|--------------|------------|-------------|-----------------------|
| Setting (A) | Operating current (A) |              |            | Setting (A) | Operating Current (A) |
|             | Red Phase             | Yellow Phase | Blue Phase |             |                       |
|             |                       |              |            |             |                       |
|             |                       |              |            |             |                       |
|             |                       |              |            |             |                       |

**B : OPERATING TIME TEST**

| OVERCURRENT        |           |              |            | EARTH FAULT |          |
|--------------------|-----------|--------------|------------|-------------|----------|
| Operating Time (s) |           |              |            |             |          |
| linj (A)           | Red Phase | Yellow Phase | Blue Phase | linj (A)    | Time (s) |
|                    |           |              |            |             |          |
|                    |           |              |            |             |          |
|                    |           |              |            |             |          |
|                    |           |              |            |             |          |

**C. STABILITY TEST**

| Phase Test | Amps. Injected |           | Relay Amps. | Operate / Stable | Test Setting |    |
|------------|----------------|-----------|-------------|------------------|--------------|----|
|            | Primary        | Secondary |             |                  | Amps.        | TM |
|            |                |           |             |                  |              |    |
|            |                |           |             |                  |              |    |
|            |                |           |             |                  |              |    |
|            |                |           |             |                  |              |    |

|              |  |               |  |
|--------------|--|---------------|--|
| Trip Voltage |  | Tripping Test |  |
|--------------|--|---------------|--|

|               |  |
|---------------|--|
| COMMISSIONING |  |
| RECALIBRATION |  |

|         |  |
|---------|--|
| REMARKS |  |
|---------|--|

I, being the competent person responsible (as indicated by my signature below) for the testing and calibration of the above installation, hereby CERTIFY that the above installation has been tested and calibrated on ..... and is, to the best of my knowledge and belief, in accordance with the Electricity Regulations 1994.

\_\_\_\_\_  
 (Electrical Services Engineer)  
 Name & Company Stamp

Witnessed by: \_\_\_\_\_  
 Name : \_\_\_\_\_  
 Date : \_\_\_\_\_

**Notes :**

- Any protective relay and device of an installation shall be checked, tested and calibrated by a competent person at least once in every two years, or at any time as directed by the Commission. This should be done in accordance with good and safe engineering practices.**
- To be witnessed by the owner or person authorized by the owner of the installation.**