

Site Information

Company:

Location:



151 Richmond St. S.W., PO Box 519
Hensall, Ontario, N0M 1X0
Ph: 519-262-2822 Fax: 519-262-2310
Email: info@cosphi.com

General Facility Information

Contact

Name: _____

Title/Job Function: _____

Company: _____

Address: _____

City/Town: _____

Province/State: _____ **Postal Code/Zip:** _____

Telephone: _____

Fax: _____

Other: _____

E-mail: _____

How old is facility? _____ yrs

What is the nature of your business? _____

Has there been a facility expansion(s) in the past 5 years? _____

Any facility expansion(s) planned in the next 2 years? _____

Can you supply accurate single-line diagram(s) of facility if required? _____

How many shifts do you usually run per day? _____

How many utility transformers does the facility have? _____

How many secondary transformers are inside the facility? _____

How many electrical meters does the facility have? _____

Is Transient Voltage Surge Suppression (TVSS) installed? _____

Service Entrance Data

kVA of transformer _____ kVA

Transformer Primary/Secondary Voltage _____ / _____ V_{rms}

Service Type: Single Phase Three-phase
(3-wire) or (4-wire)

Transformer (%) Impedance* _____ %

Transformer Short Circuit Capacity* _____ KVA

*Not required at this time. Enter only if known.

Switchgear

Make: _____ Model: _____

Amperage: _____ Voltage _____

Existing Capacitor Banks

Are there any high-voltage capacitors on the primary side of the transformer?

Yes No

If "Yes" Rated kVAR _____ KVAR

If "Yes" Rated Voltage _____ V_{rms}

Are there any low voltage capacitors on the secondary side of the transformer?

Yes No

If "Yes" Rated kVAR _____ KVAR

Contractor Info Package Required? (if yes start process as soon as possible) Yes No

Power Usage

Utility Provider: _____

Notes:

Types of Equipment in Facility

- | | | |
|---|--|--|
| <input type="checkbox"/> Computerized Equipment | <input type="checkbox"/> Photocopiers | <input type="checkbox"/> Fax machines |
| <input type="checkbox"/> Laser Printers | <input type="checkbox"/> Audio/Video
Player/Recorders | <input type="checkbox"/> UPS |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> VFDs | <input type="checkbox"/> Rectifiers or DC Chargers |
| <input type="checkbox"/> Arc Furnaces | <input type="checkbox"/> VSDs | <input type="checkbox"/> Electroplating |
| <input type="checkbox"/> Resistive Ovens | <input type="checkbox"/> Cooling Towers | <input type="checkbox"/> Arc Welders |
| <input type="checkbox"/> Robotics | <input type="checkbox"/> Tig or Mig Welders | <input type="checkbox"/> Surge Suppression (TVSS) |
| <input type="checkbox"/> Compressors | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Typical Symptoms of Poor Power Quality

(Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Telephone background noise or humming | <input type="checkbox"/> Erratic non-explainable equipment failures |
| <input type="checkbox"/> Drives tripping for no apparent reason | <input type="checkbox"/> Hot Transformers |
| <input type="checkbox"/> Warm or Hot circuit breaker panels | <input type="checkbox"/> Over-heating electrical equipment |
| <input type="checkbox"/> Over-heating motors | <input type="checkbox"/> Excessive equipment failures |
| <input type="checkbox"/> Power Supply failures | <input type="checkbox"/> Transformer failures |
| <input type="checkbox"/> Problems with computer controlled equipment | <input type="checkbox"/> Motor failures |
| <input type="checkbox"/> Flickering of fluorescent lighting | <input type="checkbox"/> Failure of electronic equipment |
| <input type="checkbox"/> Hot or warm metal enclosures, conduits or bus | <input type="checkbox"/> Known Power Factor Problems |
| <input type="checkbox"/> Known Power Quality Problems | <input type="checkbox"/> Capacitor failures |

Other Suspected Power Factor and Power Quality Problems
