

Substation:	Relay Equipment Memorandum	Today's Date:
Equipment Protected:	Power Delivery Form 006F Forward via email to Equipment Memorandums (equipmemo@pacificorp.com); or internal mail to 1500 LCT Form Rev Date: 6/10/2011 R8	Commissioning Testing Date:
Work Order #:	<input type="checkbox"/> Main Grid <input type="checkbox"/> Local <input type="checkbox"/> Distribution <input type="checkbox"/> Power Supply	<input type="checkbox"/> Direct Assigned Equipment Entity/Utility: _____
Completed By:		

Complete this form when any programmable/settable equipment utilized in protection systems or to interface with SCADA or other communication systems is installed or removed.

Examples Include: ▪ Annunciator ▪ HMI ▪ Interchange Meters ▪ Jurisdictional Load Meters ▪ Programmable Logic Controller
 ▪ Sequence of Events or Digital Fault Recorder ▪ Modems/Line Sharing Switches/Communications Processors ▪ Automation Controllers
 ▪ Digital/Analog Transducers ▪ Satellite Clocks ▪ Pilot Protection Equipment ▪ Relays; major and all auxiliary relays such as lockout, breaker failure, thermal, trip indication, etc.

Relay Equipment INSTALLED:

Update to Existing Relays in Package Installed New Relay Package Other Equipment Installed; Type _____
(or circle above equipment type)

IEEE #	Mfg.	Mfg. Date	Type	Part #	Serial #	I.L. #	Supply Voltage	Internal Battery	Mstr Warrnty#	SAP # (if known)
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		
								<input type="checkbox"/>		

Relay Equipment REMOVED:

<input type="checkbox"/> Individual Relays Removed: _____ _____ _____	<input type="checkbox"/> Relay Package Removed; SAP # _____ <small>(including all individual relays in package)</small> <input type="checkbox"/> Other Equipment Removed; SAP # _____
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For Asset Management Use ONLY:

WECC Priority YES NO Type _____ Completed By _____; P# _____; Date _____; Area _____ PCM PKG# _____

Reviewed By _____; P# _____; Date _____ PMP Type _____