

<b>Substation:</b>	<b>Relay Equipment Memorandum</b>	Today's Date:
<b>Equipment Protected:</b>	Power Delivery Form 006F Forward via email to Equipment Memorandums ( <a href="mailto:equipmemo@pacificorp.com">equipmemo@pacificorp.com</a> ); or internal mail to 1500 LCT Form Rev Date: 6/10/2011 R8	<b>Commissioning Testing Date:</b>
<b>Work Order #:</b>	<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: _____
<b>Completed By:</b>		

**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 \_\_\_\_\_