PG&E STATION CONST. TEST DEPT.

BASIC INFORMATION REQUIREMENTS

Name of Project:
Site Address:
Proposed Pre-Parallel Inspection and/or Testing Date: Time:
Type of Unit(s):
Number of Units:
MW or KW Each:

PG&E CONTACTS

Project Manager:
Phone: Cell: Pager:
Planning Engineer:
Phone: Cell: Pager:
Sys Prot. Engineer:
Phone: Cell: Pager:
Switching Center:
Phone:

CLIENT CONTACTS

Project Manager:
Phone: Cell: Pager:
Site Contact / Name:
Phone: Cell: Pager:
Design Engineer:
Phone: Cell: Pager:
Testing company:
Phone: Cell: Pager:

BASIC NEEDS ASAP

MINIMUM OF TWO WEEKS PRIOR TO REQUESTED PRE-PARALLEL DATE

*Single Line Drawings (approved by protection dept. or planning engineer)
*Three Line And Protection Drawings (approved by protection dept. or planning engineer)
*Complete and Accurate G5-1 Form, One for each generator (approved by planning engineer)
*All PG&E Required Relay Bench Test Reports (approved by prot. dept. or planning engineer)
*All other Test Reports as outlined in Section G5 of the Interconnection Hand Book
*Protection and Control Equipment Certification
*Copy of All Pertinent Letters / e-mails that Affect Control and Protection as agreed to by PG&E