
June 2009	Serial no.
	ABB Ref.
	Project:

COMMISSIONING REPORT

Manufacturer:	ABB Tellhow generators Ltd.
Address:	3088 Zi Yang Avenue High-Tech Development Zone 330096 Nanchang Jiangxi, P.R.China
Telephone:	+86 791 835 0800
Telefax:	+86 791 835 0814
Customer:	
Customer Address:	
Contact Person:	
Telephone:	
Mobile phone:	
Fax:	
Email:	

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1 Transportation

General:

Arrival date of the machine:	
Inspection date and location:	
Signature of consignee:	
Open box inspection:	<input type="checkbox"/> no <input type="checkbox"/> yes, done by

Damages:

Packing list:	<input type="checkbox"/> no <input type="checkbox"/> yes, missing items:
Machine:	<input type="checkbox"/> no <input type="checkbox"/> yes, what kind of:
Package:	<input type="checkbox"/> no <input type="checkbox"/> yes, what kind of:
Accessories:	<input type="checkbox"/> no <input type="checkbox"/> yes, what kind of:
Spare parts + tools:	<input type="checkbox"/> no <input type="checkbox"/> yes, what kind of:

Actions Taken in Response to Damages:

Photographed:	<input type="checkbox"/> no <input type="checkbox"/> yes, date:
Reported to the transportation company:	<input type="checkbox"/> no <input type="checkbox"/> yes, to whom: date:
Reported to the supplier:	<input type="checkbox"/> no <input type="checkbox"/> yes, to whom: date:
Reported to the insurance company:	<input type="checkbox"/> no <input type="checkbox"/> yes, to whom: date:

Method of Transportation:

<input type="checkbox"/> Railway <input type="checkbox"/> Airfreight <input type="checkbox"/> Truck <input type="checkbox"/> Mail <input type="checkbox"/> Shipped by M/S _____ <input type="checkbox"/> Other:

Comments:

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2 Storage

General:

Storage:	<input type="checkbox"/> no <input type="checkbox"/> yes, begin: _____ end: _____
Storage Time Longer than 6 Months:	<input type="checkbox"/> no <input type="checkbox"/> yes
Person Responsible for Storage:	

Storage Place:

	<input type="checkbox"/> indoors <input type="checkbox"/> outdoors
	<input type="checkbox"/> in packing case <input type="checkbox"/> protected by a waterproof cover
	Daily temperature: min/max. _____ - _____ °C Humidity: _____ %

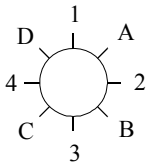
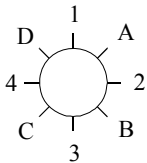
Damages:

Transportation package is ventilated:	<input type="checkbox"/> no <input type="checkbox"/> yes
External heating/fan is used:	<input type="checkbox"/> no <input type="checkbox"/> yes, type: _____
Machine space heaters are used:	<input type="checkbox"/> no <input type="checkbox"/> yes, voltage: _____
Bearings are flushed:	<input type="checkbox"/> no <input type="checkbox"/> yes, oil type: _____
Shaft end anti-corrosion protection checked:	<input type="checkbox"/> no <input type="checkbox"/> yes, type: _____
Shaft end anti-corrosion protection renewed:	<input type="checkbox"/> no <input type="checkbox"/> yes, date: _____
The rotor is turned 10 revolutions every two months:	<input type="checkbox"/> no <input type="checkbox"/> yes
There are vibrations in the storage place:	<input type="checkbox"/> no <input type="checkbox"/> yes, type: _____ mm/s, rms
There are corrosive gases in the air:	<input type="checkbox"/> no <input type="checkbox"/> yes, what kind of: _____
Machine documents are saved and protected for future use:	<input type="checkbox"/> no <input type="checkbox"/> yes, location: _____

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3 Mechanical Installation

Foundation is checked according to machine drawing:	<input type="checkbox"/> no <input type="checkbox"/> yes, drawing number: _____	
Possible foundation anchor bolts or sole plates are mounted according to instructions:	<input type="checkbox"/> no <input type="checkbox"/> yes	
For alignment of the coupling, use either values 1-4 or values A-D 1 _____ 2 _____ 3 _____ 4 _____ A _____ B _____ C _____ D _____	<p>Radial alignment of coupling top</p> 	<p>Angular alignment of coupling top</p> 
Crankshaft deflection is checked:	<input type="checkbox"/> no <input type="checkbox"/> yes	
Foundations bolts are tightened with torque wrench:	<input type="checkbox"/> no <input type="checkbox"/> yes, bolt size: _____ torque: _____ Nm	
Bolt lubrication:	<input type="checkbox"/> dry <input type="checkbox"/> oil, <input type="checkbox"/> MoS ₂	
Transport locking device is removed:	<input type="checkbox"/> no <input type="checkbox"/> yes	
Rotor rotates without noise or scraping:	<input type="checkbox"/> no <input type="checkbox"/> yes	

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4 Lubrication check

Grease:	Manufacturer: _____ Type: _____
The grease quality is the same as recommended on the lubrication plate:	<input type="checkbox"/> no <input type="checkbox"/> yes
The first greasing has been done:	Date: _____ Quantity: _____ g
Comments:	

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5 Electrical installation

Network variation:	<input type="checkbox"/> no <input type="checkbox"/> yes, voltage: _____ - _____ V, frequency: _____ - _____ Hz
Space heater operation:	<input type="checkbox"/> no <input type="checkbox"/> manual <input type="checkbox"/> automatic, controlled by: _____

5.1 Insulation Resistance Test

Stator winding (1 min.):	_____ MΩ, tested by _____ kV, winding temperature: _____ °C
Stator winding (15 / 60 s. or 1 / 10 min.):	PI = _____, tested by _____ kV, winding temperature: _____ °C
Rotor winding (1 min., 500 VDC):	_____ MΩ, tested by _____ kV, winding temperature: _____ °C
Exciter stator (1 min., 500 VDC):	_____ MΩ, tested by _____ kV, winding temperature: _____ °C
Space heater:	_____ MΩ (500 VDC)
Temperature detectors:	_____ MΩ (100 VDC)
N-end bearing insulation:	_____ MΩ (100 VDC)

5.2 Accessories resistance test

Stator 1 PT 100:	_____ Ω
Stator 2 PT 100:	_____ Ω
Stator 3 PT 100:	_____ Ω
Stator 4 PT 100:	_____ Ω
Stator 5 PT 100:	_____ Ω
Stator 6 PT 100:	_____ Ω
Bearing PT 100 D-end:	_____ Ω
Bearing PT 100 N-end:	_____ Ω
Air temperature 1 PT 100:	_____ Ω
Air temperature 2 PT 100:	_____ Ω
Space heater:	_____ Ω

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6 Machine protection settings

Overcurrent tripping:	_____ A _____ s
Instant overcurrent tripping:	_____ A _____ s
Overvoltage setting:	<input type="checkbox"/> no <input type="checkbox"/> yes, setting:
Earth fault setting:	<input type="checkbox"/> no <input type="checkbox"/> yes, setting:
Reverse power setting:	<input type="checkbox"/> no <input type="checkbox"/> yes, setting:
Differential protection setting:	<input type="checkbox"/> no <input type="checkbox"/> yes, setting:
Vibration monitoring:	<input type="checkbox"/> no <input type="checkbox"/> yes, alarm setting: _____ mm/s, trip: _____ mm/s
Temperature monitoring:	
- in stator winding	<input type="checkbox"/> no <input type="checkbox"/> yes, alarm: _____ °C, trip: _____ °C
- in bearing	<input type="checkbox"/> no <input type="checkbox"/> yes, alarm: _____ °C, trip: _____ °C
- in _____	<input type="checkbox"/> no <input type="checkbox"/> yes, alarm: _____ °C, trip: _____ °C
Other protection units:	<input type="checkbox"/> no <input type="checkbox"/> yes, type:

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7 Test Run

7.1 First start (a few seconds only)

Direction of rotation (viewed from D-end):	<input type="checkbox"/>  CW	<input type="checkbox"/>  CCW
Are there abnormal noises?	<input type="checkbox"/> no <input type="checkbox"/> yes, from:	

7.2 Second start (uncoupled, if possible)

Note: Check that possible force lubrication is on!

Are there abnormal noises?	<input type="checkbox"/> no <input type="checkbox"/> yes, from:
Does the machine vibrate abnormally?	<input type="checkbox"/> no <input type="checkbox"/> yes, where/how:
Bearing vibration level measured:	D-end: _____ mm/s, rms; N-end: _____ mm/s, rms
Running:	<input type="checkbox"/> machine run OK <input type="checkbox"/> operation stops, why:

Checking schedule and information

Time h:min	Bearing temperature		Bearing vibration levels		Current A	Stator Power Factor cos φ	Excit. Current A	Stator winding temperature		
	D-end °C	N-end °C	D-end mm/s rms	N-end mm/s rms				U °C	V °C	W °C
0:00										
0:05										
0:10										
0:15										
0:20										

Comments:

Observations:

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8 Test run (with load)

Checking schedule and information

Time h:min	Load %	Bearing temp.		Bearing vibration levels		Current A	Stator Power Factor cos φ	Excit. Current A	Stator winding temperature		
		D-end °C	N-end °C	D-end mm/s rms	N-end mm/s rms				U °C	V °C	W °C
0:00											

Vibration spectrum attached:	<input type="checkbox"/> no <input type="checkbox"/> yes, from:
Acceleration time:	_____ s.

Comments:

9 Machine approval

Machine approved for use	Date:
Commissioning done by:	
Approved by:	

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Fax Cover Sheet

Date:	
To:	ABB Tellhow Generators Ltd. Telefax: +86 791 835 0814
From:	
Fax number:	
Phone number:	
Email:	
Number of Pages:	1 + 9 + _____

Message: