

A.6 Typical information to be documented for a conversion

Specific Information of Conversion from Converter:

Technical Authority for all aspects of Conversion:

Name: \_\_\_\_\_

Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Design Verification Drawing Number: \_\_\_\_\_ Rev# \_\_\_\_\_ Date: \_\_\_\_\_

Note: Certified test date and Design Verification to be available from above Technical Authority.

Specific Intent of Conversion:

Describe: \_\_\_\_\_

\_\_\_\_\_

Completed Conversion Ratings:

Current Rating: Continuous (A): \_\_\_\_\_ Bus Bracing Study: \_\_\_\_\_

Voltage Rating (V): \_\_\_\_\_ K-Factor: \_\_\_\_\_

Short Curcuit (kA): \_\_\_\_\_

Close and Latch: \_\_\_\_\_ (kA rms) \_\_\_\_\_ (kA peak)

Note: Units of current to be stated i.e. rms amps, peak amps

Arc Chute Replacement:

Manufacturer: \_\_\_\_\_

Part Number: \_\_\_\_\_

Fuse Replacement or Addition:

Manufacturer: \_\_\_\_\_ Type: \_\_\_\_\_ CAT#: \_\_\_\_\_ Voltage (V): \_\_\_\_\_

Continuous Current (A): \_\_\_\_\_ Interrupting Rating (kA): \_\_\_\_\_

Trip System Replacement:

Manufacturer of Conversion Kit: \_\_\_\_\_

Type: \_\_\_\_\_ Model: \_\_\_\_\_

Power Supply: Internal: \_\_\_\_\_ (V) External: \_\_\_\_\_ (V)

Interrupter Replacement:

Interrupter Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Part Number: \_\_\_\_\_

Fuses Required: Note: See above for fuses installed.

Interrupter Replacement with Modular Assembly:

Modular Assembly Manufacturer: \_\_\_\_\_

Model: \_\_\_\_\_ Part Number: \_\_\_\_\_

Voltage Rating: \_\_\_\_\_ (V) Frequency: \_\_\_\_\_

Trip Coil: Manufacturer: \_\_\_\_\_ Part Number: \_\_\_\_\_ (V)

Close Coil: Manufacturer: \_\_\_\_\_ Part Number: \_\_\_\_\_ (V)

Charging Motor: Manufacturer: \_\_\_\_\_ Part Number: \_\_\_\_\_ (V)

Latching Mechanism: Auxiliary Contacts on circuit breaker: \_\_\_\_\_ (a) \_\_\_\_\_ (b)

Wiring Diagram Number: \_\_\_\_\_

Trip Functions: \_\_\_\_\_ LT \_\_\_\_\_ ST \_\_\_\_\_ INST. \_\_\_\_\_ G \_\_\_\_\_ CT, or Sensor Rating

Switchgear Modification Required:

Other Circuit Breaker Modifications (List Separately): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Switchgear:**

Replace or Upgrade Bus:                      Material:                      Voltage Rating: \_\_\_\_\_ (V)

Current Rating:    Continuous: \_\_\_\_\_ (A)

Short Circuit Current Rating:

Rating Basis: \_\_\_\_\_ (Standard With Applicable Date)

Total Current (Asymmetrical): \_\_\_\_\_ (kA)                      Symmetrical: \_\_\_\_\_ (kA)

Momentary: \_\_\_\_\_ (kA rms)                      \_\_\_\_\_ (kA peak)

Insulation Material: \_\_\_\_\_

Bus Bracing Added:

Mechanical Modifications: (i.e. Door Modifications, Shutter, Interlocks)

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Electrical Modificatons: (i.e. Protective Relays, CT Replacement, Wiring Replacement / Upgrade)

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Racking Mechanism Modifications:**

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MOC / TOC Modifications:**

MOC Replacement:    Manufacturer: \_\_\_\_\_                      Part Number: \_\_\_\_\_                      Contacts: \_\_\_\_\_ (a)                      \_\_\_\_\_ (b)

**Note:** Each cell must be specified

TOC Replacement:    Manufacturer: \_\_\_\_\_                      Part Number: \_\_\_\_\_                      Contacts: \_\_\_\_\_ (a)                      \_\_\_\_\_ (b)

**Barrier Modifications:**

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insulation Modifications:**

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Typical Information to be provided by Customer / User to the Converter:

Name:

Address: 

Street:

City:  State:  Zip:

Contact: 

Name:  Phone:

Fax:  E-Mail:

Date of Information:

Original Equipment Information:

Circuit Breaker:

Manufacturer:  Type:  Model:  Voltage (V):

Current Rating: Continuous:  (A) Short Circuit:  (kA) MVA:

Control Voltage: Trip:  Close:

Number of Auxiliary Contacts wired out from circuit breaker:  (a)  (b)

Shunt Trip:  Undervoltage Trip:

MOC Switch Information:

Utilize Existing MOC:  Replace Existing MOC with Relay:  If Replacing Existing MOC with a Relay:

LV Trip System:

Manufacturer:  Type:  Model:

Trip Functions:  LT  ST  INST.  G  CT, or Sensor Rating

Fuse:

Manufacturer:  Type:  Cat #:

Voltage:  (V) Continuous Current:  (A) Interrupting Rating:  (kA)

Switchgear:

Manufacturer:  Type:  Model:

Voltage:  (V) Main Bus Rating:  (A) Short Circuit Rating:  (kA)

Number Compartment Contacts:  N/A MOC:  (a)  (b) TOC:  (a)  (b)

System Information:

Available Fault Current:  (kA) Short Circuit Study Performed:

Modification To Be Performed:

Low Voltage:

LV Circuit Breaker:

Arc Chute Replacement: Describe:

Main or Arcing Contact Replacement: Describe:

Trip System Replacement: Preferred Manufacturer: Model: Cat #:

Trip Elements: LT ST INST. G

Change Air Magnetic Contacts to Sealed Interrupter:

Load Characteristics: Motor: I<sub>RL</sub>: (A) I<sub>LR</sub>: (A) Fixed: (A)

Other: (Describe)

Open Fuse Trip Device: Shunt Trip: Latched Interrupter:

Switchgear Modification Required: (Converter to Determine)

Medium Voltage:

MV Circuit Breaker:

Arc Chute Replacement: Describe:

Bushing Replacement: Describe:

Interphase Barrier Replacement: Describe:

Trip Coil Replacement: Describe:

Close Coil Replacement: Describe:

Charging Motor Replacement: Describe:

Change Air Magnetic Contacts to Sealed Interrupter: Describe:

Load Characteristics: Motor: I<sub>RL</sub>: (A) I<sub>LR</sub>: (A) Fixed: (A)

Other: (Describe)

Switchgear Modification Required: (Converter to Determine)

Switchgear:

Bus Modifications: Rating: Insulation: Supports:

Other Components:

Convert Compartment or Section For New Type Circuit Breaker:

Modify or Change MOC and/or TOC:

Control Wiring Changes:

Convert Section for Retrofill:

PT or CPT Switch Changes: