

INVERSE TIME (OVERCURRENT AND EARTH FAULT) RELAY CALIBRATION CERTIFICATE

Company Name (Electrical Services Contractor)	
Registration No.	
Address	

Client	
Installation	
Circuit	
Reference No.	

C.T Details		O/C Relay Details		E/F Relay Details	
Make		Make		Make	
Ratio		Type		Type	
Class		Serial No.		Serial No.	
VA		Rated Amp.		Rated Amp.	

TEST RESULTS:

Relay Setting	O/C:	TM:	Test Setting	O/C:	TM:
	E/F:	TM:		E/F:	TM:

A. OPERATING CURRENT TEST

OVERCURRENT				EARTH FAULT	
Setting (A)	Operating Current (A)			Setting (A)	Operating Current (A)
	Red Phase	Yellow Phase	Blue Phase		

B. OPERATING TIME TEST

OVERCURRENT				EARTH FAULT	
I _{inj} (A)	Operating Time (s)			I _{inj} (A)	Time (s)
	Red Phase	Yellow Phase	Blue Phase		

C. STABILITY TEST

Phase Test	Amps. Injected		Relay Amps.	Operate/Stable	Test Setting	
	Primary	Secondary			Amps.	TM

Trip Voltage		Tripping Test	
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Commissioning	
Recalibration	

REMARKS	
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I, being the competent person responsible (as indicated by my signature below) for the testing and calibration of the above installation, hereby CERTIFY that the above installation has been tested and calibrated on and is, to the best of my knowledge and belief, in accordance with the Electricity Supply Regulations 2024.

(Electrical Services Engineer)

Name & Company Stamp

Witnessed by: _____

Name:

Date:

Notes:

1. Any protective relay and device of an installation shall be checked, tested and calibrated by a competent person at least once in every two (2) years, or at any time as directed by the Commission. This should be done in accordance with good and safe engineering practices.
2. To be witnessed by the owner or person authorized by the owner of the installation.