

1 Q. **Asset Management**

2 Provide the titles of the Hydro personnel who inspect terminal stations. Provide a
3 copy of a typical completed 120-day terminal station inspection checklist.

4

5

6 A. The titles of the Hydro personnel who inspect terminal stations are Electrical
7 Maintenance A (EMA), Terminal Maintenance A (TMA) and Mechanical
8 Maintenance A. See PUB-NLH-364 Attachment 1 for a typical completed 120-day
9 terminal station inspection checklist.

WORK ORDER : 1 0 7 3 2 5 1 SUBSIDIARY: 2
The Nalcor Group Of Companies

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Date .. 14/09/26

THINK SAFETY FIRST

WO TYPE : 2 PM Wo SSDTS,STATION PM INSPECTION PARENT #: 01073251
STATUS : 44 PRIORITY: 3 Plann
ITEM # : 00005811 UNIT #: SSDTS TERMINAL STATION,SSD TS
PLT COND: OL BU #: 1325 SUPV: WHB Station Mtce Dept
LOCN: SSDTS SSD Term Stn, Sunnyside ORIG: Sceviour, James F.
W/H : 1825 Whitbourne Warehouse PLNR: Lyver, Gerard J.
EMPL: W.O.#: 1073251 W.O. SUBCODE:

--- Full Description of Request -----

- 1.PERFORM PM IN ACCORDANCE WITH APPROPRIATE CHECK SHEETS.
- 2.RECORD ANY UNCOMPLETED DEFICIENCIES ON A WORK ORDER
REQUEST IN ORDER TO HAVE THE WORK COMPLETED AT A LATER
DATE.
- 3.CONSIDER & REPORT ANY ENVIROMENTAL IMPACTS.

--- Safety Provisions -----

- 1.ENSURE NESCESSARY WORK PROTECTION IS IN PLACE BEFORE
STARTING WORK.
- 2.COMPLETE TAILBOARD SAFETY TALK BEFORE BEGINNING WORK.

--- Maintenance Loops -----

00005811 TERMINAL STATION,SSD TS D120

Keyed 14-09-29
AB

Completed
I. O'Keefe
20-09-26

WORK ORDER: 1073251

SUBSIDIARY: 2

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Date .. 14/09/26

-- COMMENTS & WORK DONE -----

Work done as per check sheets.

-- ASSET TRACKING INFORMATION -----

1. List all assets installed (Description and Serial Number):

1.a Provide Nameplate Data for all new assets installed:

2.If an asset was removed, note the Description, Serial# and JDE# if known and where it was transferred. ie. St. Anthony Line Depot, Bishops Falls etc.

3. List all assets disposed or to be disposed (Description, Serial #, and JDE #, if known):

COMPLETED BY: I. O'LearyCOMPLETED ON: 2014-09-26

-- WORK REMAINING -----

SUPERVISOR: _____

WORK ORDER : 1 0 7 3 2 5 1 SUBSIDIARY: 2
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EXTRA MATERIAL USED

INVENTORY PART #	DESCRIPTION	UOM	QTY

EXTRA MATERIAL RETURNED

INVENTORY PART #	DESCRIPTION	UOM	QTY

VEHICLE USAGE

VEHICLE #	HOURS USED

WORK ORDER: 1073251

SUBSIDIARY: 2
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TAILBOARD SAFETY TALK FORM

Date: 2014-09-27

Location: SSDTS

Job/Task: Station PM's

Work Order #: 1073251

Will the scope of the work be performed using an approved Work Method?

☐ Yes. If yes, Work Method Number(s): _____☒ No. (Ensure that all Hazards and Controls/Barriers are identified.)Work Protection Code Required? ☐ Yes ☒ No Permit#: _____

List all other Permit/Tag Systems required with associated number: _____

Things to think about before Hazard Identification

- ☐ Do workers know and understand the task?
- ☐ Have all workers been given orientations?
- ☒ Have the Task Based Risk Assessments(s) been reviewed?
- ☒ Have the Work Method(s) been reviewed (if work requires a Work Method)?
- ☐ Are all required permits in place?
- ☒ Are all proper tools available for job?
- ☒ Are you/will you be working alone? If yes, review and follow the working alone procedure.
- ☒ Do all workers have required PPE? Is it in proper condition?
- ☒ LINE OPERATIONS: Have environmental aspects such as pole/line obstacles and minimum approach distances been considered?

Emergency InformationEmergency Response Plan(s) in place? ☐ YesHas it been communicated to all required personnel? ☐ Yes

Nearest Medical Facility: SSDTS Clinic.

Emergency Contact Numbers

1. 911
2. 1957
3. _____
4. _____

Hazards

Indicate Actual or Potential Hazards.

People

- ☐ Allergies
- ☐ Arc Flash
- ☐ Awkward Positions
- ☒ Chemical Burn
- ☒ Cuts/Abrasions
- ☒ Electrical Shock
- ☐ Falling Objects
- ☐ Infectious Agents
- ☐ Inhale Hazardous Substances
- ☐ Overexertion
- ☐ Overhead Reach
- ☒ Particles in Eye
- ☒ Pinch Points
- ☐ Poisonous Substances
- ☐ Prolonged Positions
- ☒ Respiratory Distress
- ☒ Slips/Trips
- ☐ Sprains/Strains
- ☐ Thermal Burn
- ☐ Working from Height

Equipment

- ☐ Crane/Lifting Equipment in Operation
- ☐ Damaged/Defective
- ☐ Energized Lines/Equipment
- ☐ High Voltage
- ☐ Inadequate Cover Ups
- ☐ Inadequate Guards/Barriers
- ☐ Lifting Loads
- ☐ Moving Equipment Mobile
- ☐ Moving Machinery
- ☐ Poor Ergonomic Design
- ☐ Pressurized Equipment
- ☐ Pressurized Lines
- ☐ Rigging
- ☐ Temporary Grounding

Environment

- ☐ Back Feeds
- ☐ Blind Spots
- ☐ Dangerous Animals
- ☐ Dangerous Flora/Fauna
- ☐ Inadequate Parking Lots
- ☐ Noise
- ☐ Overhead Lines
- ☐ Poor Air Quality
- ☐ Poor Lighting
- ☐ Poor Storage of Materials
- ☐ Poor Weather
- ☐ Poor Workspace Design
- ☐ Public Can Access Areas
- ☐ Rough Roads/Terrain
- ☒ Slippery Surfaces
- ☒ Trenching/Excavation
- ☐ Underground Line
- ☒ Vehicle/Machine Traffic
- ☐ Vibration
- ☐ Work Overhead

WORK ORDER: 1 0 7 3 2 5 1 SUBSIDIARY: 2
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TAILBOARD SAFETY TALK FORM (Cont)

Hazards (Cont)

Indicate Actual or Potential Hazards.

Materials

- ☐ Chemical/Other Substance Spills
- ☐ Explosive/Flammable
- ☐ Fibre Optic Cables
- ☐ Hazardous Chemicals
- ☐ Hazardous Waste Present
- ☐ Radioactive Material Present
- ☐ Steam Present

Identify controls in place to address significant hazards noted above,
as well as additional hazards identified, not included on page one.

No.	Hazards	Controls/Barriers
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Crew Members Present

Print

Signature

<u>Ivan Orphan</u>	<u>Ivan Orphan</u>

Remind all crew members to complete necessary Step Back 5X5(s).

Person Conducting Tailboard (Print): Ivan OrphanDate: 2014-09-26

Return to Supervisor for filing upon completion of job/task.

120 DAY - POWER TRANSFORMER INSPECTION

Station: SSDTS

Date: 2014-09-25

Readings By: P.O.

WEATHER CONDITIONS:

dry: ☒

rain: ☐

humidity: ☐

ambient temperature: 9 °C

Visual Inspection:

- > Primary terminations ☒
- > Tank & fittings ☒
- > Explosion vent ☒
- > Check for gas accumulation ☒
- > Paint conditions ☒
- > Temperatures (Current & Peak) RESET ☒
- > Check bushings ☒
- > Check lightening arrestors (Cat Arm) ☒
- > Access ladder/guard ☒
- > Foundation ☒
- > Silica Gel Breather checked ☒
- > Oil Levels (Normal, High, Low) ☒
- > Check vacuum pressure gauge (Sealed Units, if equipped) ☒
- > Rust Condition
 - A - Minor
 - B - Moderate
 - C - Severe
- > Spare Power Fuses (if applicable)
 - Size Type Number on Site
- > Check Concrete Base ☒
- > Check & Report all Oil leaks ☒
 - As per EERP (Environmental Emergency Response Plan)
- Operate Manually:
 - > Cabinet heater thermostat ☒
 - > Fan controls ☒
 - > Circulating Pumps Controls
 - (T1, T2, T3 HRDTS), (T3 BDKTS)

Trf. No. T4 Tap Pos. 3
 Load: M.W. 57 (or) Amps
 Temp: Winding 48 /Peak 70°C Oil: 40 /Peak 60°C
 Reset Drag Hands Once Completed: ☒
 Oil Levels: Tank Good Tap Chr. Good Bush. Good
 Vacuum Pressure Gauge (Sealed Unit, if equipped) KPA: X N/A
 SF₆ Bushing Diff. (kPa): H1 X N/A H2 X N/A H3 X N/A
 Fan Load Current (amps): Stage I 26 Amps Stage II 14 Amps
 Fan Control Return to Auto/Remote ☒
 Cabinet Heaters: On ☒ Off Amps 2 Amps
 Tap Chr: Counter 12325
 Rust Condition: Tank ☒ Cont.Cabinet ☒ Rads ☒
 Silica Gel: OK ☒ Replace if 50% or Greater Contamination: X
 Explosion Vent Diaphragm Good
 Remarks: Real condit. in Moderate

Trf. No. Tap Pos.
 Load: M.W. (or) Amps
 Temp: Winding /Peak Oil: /Peak
 Reset Drag Hands Once Completed:
 Oil Levels: Tank Tap Chr. Bush.
 Vacuum Pressure Gauge (Sealed Unit, if equipped) KPA:
 SF₆ Bushing Diff. (kPa): H1 H2 H3
 Fan Load Current (amps): Stage I Stage II
 Fan Control Return to Auto/Remote
 Cabinet Heaters: On Off Amps
 Tap Chr: Counter
 Rust Condition: Tank Cont.Cabinet Rads
 Silica Gel: OK Replace if 50% or Greater Contamination:
 Explosion Vent Diaphragm
 Remarks:

Trf. No. Tap Pos.
 Load: M.W. (or) Amps
 Temp: Winding /Peak Oil: /Peak
 Reset Drag Hands Once Completed:
 Oil Levels: Tank Tap Chr. Bush.
 Vacuum Pressure Gauge (Sealed Unit, if equipped) KPA:
 SF₆ Bushing Diff. (kPa): H1 H2 H3
 Fan Load Current (amps): Stage I Stage II
 Fan Control Return to Auto/Remote
 Cabinet Heaters: On Off Amps
 Tap Chr: Counter
 Rust Condition: Tank Cont.Cabinet Rads
 Silica Gel: OK Replace if 50% or Greater Contamination:
 Explosion Vent Diaphragm
 Remarks:

SUPERVISOR:

DATE:

120 DAY - FLOODED (VENTED) BATTERY AND CHARGER INSPECTION

Station: SSDTS Manufacture Batteries: C&D Manufacture Charger: Cordex
Date: 2014-09- Readings By: J.D.

BATTERY CHARGER # 1 or # 2		
DC Voltage Output:	Found <u>134.1</u>	Left <u>-</u>
DC Amperage Output:	Found <u>5.9</u>	Left <u>-</u>
	Confirm Charge in Float <u>✓</u>	
	Record Float Voltage <u>134</u>	

FLOODED (VENTED) BATTERY CELLS			
Room or Cabinet Temperature °C <u>18°C</u>		Cabinet Heater (If Applicable) On <u>-</u> Off <u>✓</u>	
Battery Bank Voltage (Disconnected) <u>130</u>		DC (10 minutes after)	
Pilot Cell: # <u>12</u>	Voltage <u>2.23</u> DC	Specific Gravity <u>12.15</u>	Temperature °C <u>15°C</u>
Water Added Yes <u>-</u> No <u>✓</u>		Equalize Charge Yes <u>-</u> No <u>✓</u>	

Note: Specific Gravity should be maintained between 1200 & 1220.

Battery Bank Electrolyte Level: (Found)	Normal <u>✓</u> Low <u>-</u> Very Low <u>-</u>
---	--

EQUALIZING CHARGE			
Why given:			
Voltage:	Amps:	Duration:	hrs

**Notes: Equalize charge only required after any water is added.

CHECKS COMPLETED:

- ✓ Check the Accuracy of the Charger Voltage Meter against another Meter.
- ✓ Check each Cell for Cracks, Corrosion on Terminals, Leaks (Report any Leaks as per EERP).
(Environmental Emergency Response Plan)
- ✓ Inspect the Battery Rack for Signs of Corrosion & Battery Leakage.
- ✓ Check Cells for Deposits on the Bottom
- ✓ Check the Operation of Ventilation Fans and Thermostat.

Note Any Concerns Below:

Did not add water No equalizing charge

SUPERVISOR: _____ DATE: _____

120/180 DAY - DISCONNECT SWITCH INSPECTION

1073251

Station: SSDTS

Date: 4-09-25

Readings By: _____

Switch No.	Alignment	Insulators (Condition)	Motor (Operator)	
			Control Voltage	Heater (Amps)
L02L07-1	Good	Good	133.6	1 Amp
L02L07-2	"	"	133.6	1 Amp
L06L07-2	"	"	Breaker off Log.	1 Amp
L06L07-1	"	"	" " "	1 Amp
L03L06-2	"	"	" " "	1 Amp
L03L06-1	"	"	133.7	1 Amp
B1L03-2	"	"	133.2	1 Amp
B1L03-1	"	"	133	1 Amp
B1L02-1	"	"	133	1 Amp
B1L02-2	"	"	133.7	1 Amp
B1TH	"	"	133.7	1 Amp
L109TH-1 (Manual)	"	"		
L100L109-2 (Mon)	"	"		
L100L109-1 (Mon)	"	"		
L19L100-2 (Mon)	"	"		
L19L100-1 (Mon)	"	"		
B3TH-1 (mon)	"	"		
B3TH-2 (mon)	"	"		

CHECKS COMPLETED:

- ☒ Check disconnect blades for alignment
- ☒ Check interlocks operating ~~not check~~ (not check)
- ☒ Check insulators for signs of burns, flashover, & cracks
- ☒ Check structure condition
- ☒ Check grounding
- ☒ Check concrete base

B2L12-1 (mon) Alignment +
B2L12-2 (mon) Insulator condition
(Good)

Note Any Concerns Below:

L06L07-2 close removed not operational Elect Breckers off
for L06L07-2 & -1 B1L02- 2" PVC pipe broken off near ground.

SUPERVISOR: _____

DATE: _____

Readings By: I. Dugan

Date: 2014-09-22

Revision September 17, 2014

120 DAY – PT/CVT INSPECTION

Readings By: J. Dragan

Station: SSDTS

Date: 2014-09-22

VISUAL INSPECTION:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Check Bushings & Tanks | <input checked="" type="checkbox"/> Check Porcelain Insulators for Flashover, Cracks and Burn Marks |
| <input checked="" type="checkbox"/> Check & Report Any Oil Leaks as per EERP (Environmental Emergency Response Plan) | <input checked="" type="checkbox"/> Check Conduits & Cabinets |
| <input checked="" type="checkbox"/> Check Paint/Rust Condition | <input checked="" type="checkbox"/> Check Grounding |
| <input checked="" type="checkbox"/> Check Concrete Base | |
| <input checked="" type="checkbox"/> Check Primary Connections | |

Measure Cabinet Heater Amps _____

Measure PT Heater Amps _____

COMMENTS:

B2(138KV) PT Bphase connection flex lead damaged.
6109TH CT JB bottom rusted completely out. needs to be replace

SUPERVISOR: _____

DATE: _____

1073251

120 DAY - SF₆ CIRCUIT BREAKER INSPECTION

Station: SSDTS

Date: 2014-09-23

Readings By: P.O

WEATHER CONDITIONS: ☒ dry ☐ rain ☐ humidity 17°C temperature

		Breaker No.	<u>L03406</u>	<u>B3L19</u>		
		Voltage (kV)	<u>230</u>	<u>138</u>		
		Operations Counter	<u>—</u>	<u>765</u>		
		Reclose Counter	<u>—</u>	<u>—</u>		
AIR SYSTEM	Air Pressure (kPa)	Cut In				
		Cut Out				
	Comp. Running Time (min.)					
	Base Oil (Nor. / Low / Added)					
	Motor (amps)					
	Moisture Discharge					
	Dryer Counter					
	Compressor Hours					
SF ₆ Pressure		3 ph – kPa	<u>—</u>	<u>—</u>		
		A ph – kPa	<u>hand moving towards Yellow</u>	<u>75 psi</u>		
		B ph – kPa	<u>Good</u>	<u>73 psi</u>		
		C ph – kPa	<u>Good</u>	<u>73 psi</u>		
Hydraulic Oil Pressure						
Heaters (amps)	Cabinet		<u>1 Amp</u>	<u>2 Amp</u>		
	Drive Gaskets		<u>7 Amps</u>	<u>—</u>		
	Heat Trace Cable (if applicable)		<u>NA</u>	<u>NA</u>		
	Dryer Drain		<u>NA</u>	<u>NA</u>		

CHECKS COMPLETED:

- | | |
|---|---|
| <input checked="" type="checkbox"/> Check for Air Leaks | <input checked="" type="checkbox"/> Check Primary Connections |
| <input checked="" type="checkbox"/> Check bushings for cracks or chips | <input checked="" type="checkbox"/> Check Grounding |
| <input checked="" type="checkbox"/> Check Control Cables | <input checked="" type="checkbox"/> Check Door Hinges & Lubricate, as required |
| <input checked="" type="checkbox"/> Drain Air to Check Compressor Pressure Switches | <input checked="" type="checkbox"/> Air System (Operate Low Point Drain), if applicable |
| <input checked="" type="checkbox"/> Check Concrete Base | <input checked="" type="checkbox"/> Check for hydraulic leaks, if applicable |
| <input checked="" type="checkbox"/> Check paint condition | <input checked="" type="checkbox"/> Check air receiver, if applicable |

1073251

120 DAY - SF₆ CIRCUIT BREAKER INSPECTION

Station: SSDTS

Date: 2014-08-23

Readings By: E. Dyer

REMARKS:

SUPERVISOR: _____ DATE: _____

120 DAY - AIR BLAST CIRCUIT BREAKER INSPECTION

1073251

Station: SSDTS

Date: 2014-09-23

Readings By: F.O

WEATHER CONDITIONS: ☒ dry ☐ rain ☐ humidity 17° temperature

Breaker No.	LD2L07	L1DD4109	L06L07	B2L12	L19L100
Air Pressure (kPA)	230	138	230	138	138
Operations Counter	89996	681	1154	536	90160
Recloser Counter	6	32	177	202	32
Heater (amps)	1.6	—	—	—	—
Control Cabinet Heater (on / off)	1.6	1.2	1.5	1.5	1.6
AØ Control Block Heater Amps	.5	.5	.5	.5	.5
BØ Control Block Heater Amps	.5	.5	.5	.5	.5
CØ Control Block Heater Amps	.5	.5	.5	.5	.5
Heat Trace Cable (amps)	NA	NA	N/A	N/A	N/A

Breaker No.	B3B4	L109T4	B1L02		
Air Pressure (kPA)	138	138	230		
Operations Counter	283	600	9021		
Recloser Counter	—	—	59		
Heater (amps)	—	—	—		
Control Cabinet Heater (on / off)	1.6	1.4	1.6		
AØ Control Block Heater Amps	.5	.5	.5		
BØ Control Block Heater Amps	.5	.5	.5		
CØ Control Block Heater Amps	.5	.5	.5		
Heat Trace Cable (amps)	N/A	N/A	N/A		

120 DAY - AIR BLAST CIRCUIT BREAKER INSPECTION

1073251

Station: SSDTS

Date: 2014-09-23

Readings By: I. Orger

CHECKS COMPLETED:

- ☒ Check primary connections
- ☒ Check porcelain for cracks or chips
- ☒ Check grounding
- ☒ Check control cables
- ☒ Check Concrete Base

- ☒ Check for air leaks
- ☒ Check tank and paint condition
- ☒ Check pipes and fittings
- ☒ Check tank and cabinet heaters
- ☒ Check Heat Trace Cable (if applicable)

Remarks:

SUPERVISOR: _____

DATE: _____