ELECTRICAL TESTING LABORATORY

Code No.

Scientific And industrial Testing and Research Centre, Coimbatore-641006

SERVICE REQUEST FORM

For Motors For Submersible Pumpsets – SINGLE PHASE MOTORS (As per IS 9283-1995 Upto and including amendment No 3)

| #Name of the Test item | Motors For Submersible Pumpsets – SINGLE PHASE MOTORS | | | | | | |
|---------------------------|---|--|--------------------------|---|--------------------------|--|--|
| #Motor Rated Output | kW | #Rated Voltage | V | #Rated Current | А | | |
| #No. of Phases | SINGLE | #No of poles | | #Rated Speed | rpm | | |
| #Winding Connection | CSR / CSCR / CSIR | #Category | A/B | #Rated Frequency | Hz | | |
| #Type of motor | Induction motor Wet / dry | #Type of Duty | | #Starting Torque | % of FLT | | |
| #Winding | Poly. wire / Enamel wire | #Method of Cooling ,Liquid / Filling | Water / Oil | #Class of Insulation | | | |
| #Cable Size / Length | | #Start Cap Value / Voltage | | #Run Cap Value / Voltage | | | |
| Motor Size (OD) | mm | #Efficiency | % | #Leakage current | mAmps | | |
| #Earthing | Provided / Not Provided | #Connection Diagram | Affixed / Not Affixed | #Terminal marking | Affixed / Not Affixed | | |
| Sample Qty | 1 No. | #Manufacturer SI.No. | | #Name of the Manufacturer or Trade Mark | | | |

| SI.No. | Name of the test / Clause No. | Test Requit | SI.No. | Name of the test / Clause No. | Test Requit |
|--------|---|----------------|--------|--|----------------|
| 1. | General | 5 | 8. | Momentary overload test (Cl 18) | |
| 2. | Measurement of winding resistance test (Cl 16.1c) | | 9. | Temperature rise test reduced voltage (Cl 19) | |
| 3. | No load test (Cl 16.1d) | | 10. | Temperature rise test at rated voltage (Cl 19) | |
| 4. | Locked rotor test (Cl 16.1f) | | 11. | High Voltage test (Cl 20) | |
| 5. | Full load performance test (Cl 16.1g) | | 12. | Insulation resistance Test (Cl 21) | |
| 6. | Test for Vibration severity (CI 16.1n) | | 13. | Leakage current test (Cl 23) | |
| 7. | Dimensions (Cl 7) | | | | |

Note:

- Kindly issue separate SRF Form for each sample.
 The tests marked with an * are not accredited by NABL.
 Marked with a # are Mandatory Fields.

SLFEL054 / 01-00 / 01-20

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| Name and Address of the Customer in Test Report | | | Ref Doc. Details : | | | |
|---|-------------|----------|--------------------|-------------|--|--|
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| Name and Address of the Customer in Invoice | | Contac | ct Person : | | | |
| | | | | | | |
| | | Phone | No | | | |
| | | 1 110110 | 110. | | | |
| MIN No. | | Date | | | | |
| For Si'Tarc | | For Cu | stomer | | | |
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| Date: | Sign & Name | Date: | | Sign & Name | | |