



## **Turnover Package**

Moosehaven

U Dorm

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#### **2.0 U Dorm**

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- 2.2 Electrical Installation and Testing  
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## Electrical Permit Application

Permit Type: ☐ Owner ☒ Contractor

Application Date (M/D/Y): \_\_\_\_\_

eSITE Permit Number: 305305 - \_\_\_\_\_

Development Permit Number: \_\_\_\_\_

Estimated Completion Date (M/D/Y): \_\_\_\_\_

Owner: NASON CONTRACTING GROUP Mailing Address: 25 CORRIVUAU AVE  
City: ST. ALBERT Prov.: AB Postal Code: T8N 3A3 Phone: 780-470-7100  
Cell Number: 780-470-7132 Fax: \_\_\_\_\_ Email Address: Milton.Sterling@nason.ca

Contractor: NASON CONTRACTING GROUP Mailing Address: 25 CORRIVUAU AVE  
City: ST. ALBERT Prov.: AB Postal Code: T8N 3A3 Phone: 780-470-7180  
Cell Number: 780-470-7132 Fax: \_\_\_\_\_ Email Address: Milton.Sterling@Nason.ca

Street or Rural Address: 26004 TWP RD 544 Subdivision or Hamlet Name: PRO NORTH IND. PARK  
Unit #: \_\_\_\_\_ Lot: \_\_\_\_\_ Block: \_\_\_\_\_ Plan: \_\_\_\_\_ Tax Roll #: \_\_\_\_\_  
Legal Subdivision: Part of: NE 1/4 Sect: 24 Twp: 54 Rge: 26 W of: 4  
Directions: PRO NORTH PARK - 18 KORYUK BLVD

Type of Service: Amperes: 1200A Voltage: 347/600 Phase: 3p4w ☐ Underground ☐ Overhead U-DORM

### Type of Building:

- ☐ Residential  
☐ Farm  
☒ Commercial  
Multi-Family  
☐ Industrial  
☐ Institutional  
☐ Oil & Gas

### Type of Work:

- ☒ New ☐ Renovation  
☐ Addition ☐ Basement Dev.  
☐ Temp Service  
☐ Accessory Building  
☐ Connection Only  
☐ Other \_\_\_\_\_

### Area Being Developed:

Main Floor: \_\_\_\_\_ sq. ft.  
2nd Floor: \_\_\_\_\_ sq. ft.  
Developed  
Basement: \_\_\_\_\_ sq. ft.  
Garage: \_\_\_\_\_ sq. ft.  
☐ Detached ☐ Attached  
Total Developed: \_\_\_\_\_ sq. ft.

### Detailed Description of Work:

E-House with  
1200 AMP  
DISTRIBUTION  
LIGHTING CONNECTIONS  
INSTALL ONLY

**Permit Applicant Declaration:** The permit applicant certifies that this installation will be completed in accordance with the Alberta Safety Codes Act and Regulations and work will commence within 90 days. The permit applicant/owner acknowledges that as per Section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any decision related to the system of inspections, examinations, evaluations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out. The personal information provided on this form is protected by the Freedom of Information of Privacy Act.

MILTON STERLING  
Master's Name (Please print)

Milton Sterling  
Master's Signature

Homeowner's Signature (Homeowner permits only)

Homeowner Declaration: By signing this permit I hereby certify that I own or will own and occupy this dwelling.

Master's Certification Number M-2014

Project Value (Materials & Labour): \$ 24,500.00

**PERMIT FEES ARE NON REFUNDABLE**

Permit Fee: \$ \_\_\_\_\_ \*SCC Levy: \$ \_\_\_\_\_ TOTAL FEE: \$ \_\_\_\_\_

\*SCC Levy is 4% of the permit fee with a minimum of \$4.50 and a maximum of \$560

Payment Method: ☐ Visa ☐ M/C ☐ Debit ☐ Cheque ☐ Cash

Credit Card #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_ Signature of Cardholder: \_\_\_\_\_

### Permit Validation Section to be completed by the Permit Issuer:

Special Conditions: \_\_\_\_\_

SCO's Name (print or type)

SCO's Signature

SCO's Designation Number

Date of Issue (M/D/Y): \_\_\_\_\_

personal information provided will be used to process the Electrical Permit application and is collected under the authority of the Safety Codes Act and Section 33 (c) of the Freedom of Information and Protection of Privacy (FOIP) Act. If you have any questions about the collection and use of this information, please contact the Sturgeon County FOIP Coordinator at 9613 - 100 Street, Morinville, Alberta, T8R 1L9 (780) 939.4321.



**SITE INSPECTION REPORT****Owner:**

Nason Contracting Group Ltd.

25 Coriveau Avenue

ST ALBERT AB T8N 5A3

Ph: (780) 470-7121 Fax: (780) 450-1208

**Contractor:**

Nason Contracting Group Ltd.

25 Coriveau Avenue

ST ALBERT AB T8N 5A3

**Inspection Stage:** ☐ Foundation ☐ Framing ☐ Progress ☐ Stacks ☐ Groundwork  
☐ Service ☐ Rough-In ☒ Final ☐ Other

Permit #: CSG E 0393 14 MU

Discipline: Electrical Perm

File #: 305905 14 E0393

Issue Date: 11/25/2014

Muni: STURGEON COUNTY

Address: 18 26004 Twp Rd 544

Lot: 7 Block: 2 Plan: 812 0408

Subdivision: Pro North Industrial Park

Part of NE Sect: 24 Twp: 54 Rg: 26 W of: 4

Ph: (780) 470-7127

Description of work: E-house with 1200 amp distribution, lighting connections; install only..

Fax: (780) 450-1208

Directions: 18 Kuryluk Ave

This Site Inspection Report strictly references Provincial Codes and is not to be used for the New Home Buyers Protection Act.

Outstanding deficiencies from previous inspections and plan reviews have been corrected: ☐ Yes ☐ No ☒ N/A

☐ Agency unable to meet QMP time frame due to construction progress.

☐ VOC Required ☐ Unsafe Conditions ☐ Unable to Enter ☐ Permit Expired ☐ Permit Is Cancelled ☐ Deficiencies

☒ Observations ☒ No Deficiencies Observed at Time of Inspection ☒ No More Site Inspections Required (Permit Services Report to Follow)

- 1200 AMP DISTRIBUTION INSTALLED IN PORTABLE STEEL DIVISION (SKID)
- PANELS AND LIGHTING INSTALLED
- WIRING AND GROUNDING IN PLACE WITH FINAL CHECKS ON NEW SITE LOCATION
- TECH. CABLE USED FOR HOOK UPS
- PICTURES TAKEN
- ALL EQUIPMENT CSA APPROVED
- VISIBLE PARTS ACCEPTABLE

EXEMPTION: The permit applicant/owner acknowledges that as per section 12(2) of the Alberta Safety Codes Act; Superior Safety Codes Inc. is not liable for any damage caused by any decision related to the system of inspections, examinations and investigations including but not limited to a decision relating to their frequency and the manner in which they are carried out.

Code K: 20

Code H: 1

Safety Codes Officer: Scott, Gantley

Designation Number:

D7160

Safety Codes Officer Signature

A copy has been: ☐ Left on Site ☐ Mailed ☒ Faxed ☐ Emailed

Inspection Date: March 3-15

**Verification of Compliance (VOC):**

Once the above noted items have been corrected, please sign and return to: Superior Safety Codes Inc.

☐ I verify that the above noted deficiencies have been/will be corrected to meet the intent of the Safety Codes Act.

X

X

☐ Applicant ☐ Owner ☐ Contractor  
☐ Professional ☐ Other

Date

Confirmed Receipt

Date VOC Received

Calgary	25, 2015 - 32 Avenue NE	T2E 6Z3	Ph: (403) 717-2344	Fax: (403) 717-2340	Toll Free Ph: 1-888-717-2344	Toll Free Fax: 1-888-717-2340
Edmonton	14813 - 134 Avenue	T6L 4S9	Ph: (780) 489-4777	Fax: (780) 489-4711	Toll Free Ph: 1-866-999-4777	Toll Free Fax: 1-866-999-4711
Grande Prairie	10625 - 100 Avenue	T8V 0V8	Ph: (780) 882-8777	Fax: (780) 882-7677	Toll Free Ph: 1-877-882-8777	Toll Free Fax: 1-877-882-8775
Lloydminster	Bay 1, 2914 - 50 Avenue	T8V 2S5	Ph: (780) 870-9020	Fax: (780) 870-9036		
Red Deer	3, 6264 - 67A Street	T4P 3E8	Ph: (403) 358-5545	Fax: (403) 358-5085	Toll Free Ph: 1-888-358-5545	Toll Free Fax: 1-888-358-5085
Fort McMurray	209, 112 Riverstone Ridge	T8K 1S6	Ph: (780) 715-7726	Fax: (780) 715-7731	Toll Free Ph: 1-877-715-7726	Toll Free Fax: 1-877-715-7731
Lethbridge	422 North Mayor Magrath Dr.	T1H 6H7	Ph: (403) 320-0734	Fax: (403) 320-9989	Toll Free Ph: 1-877-320-0734	



## Turnover Package

MooseHaven

U Dorm

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Tag No.	T-EM-1 Features	Make / Model	HPS INC. NMK030PB
Serial No.	CB00587557	Ref. Drawing	E-101
Name Plate Data	30KVA 600/120-208VAC		
Electrical Cable Inspection Completed (Nason Form 26-003)	Yes <input checked="" type="radio"/> No <input type="radio"/>	Date	March 17/15

Reference Test Values		
Max Voltage Rating of Equipment	Test Voltage	Megaohms
600 – 1000 Volts	1000 VDC	100
5000 Volts +>	5000 VDC	5000

[illegible]



# INSULATION RESISTANCE – INSPECTION and TEST REPORT

Tag No.	Φ A to B	Φ B to C	Φ A to C	Φ A to G	Φ B to G	Φ C to G	Initials	Date

Test Instruments					
Description	Manufacturer	Range	ID No.	Calibration Date	

Attach Additional Supporting Documents, Data or Test Results to this Form as Required

Comments

Final Acceptance / Sign-Off			
<u>Michael Meaney</u>	<u>Electrical UEM</u>	<u>[Signature]</u>	<u>March 17/15</u>
Nason Representative	Title	Signature	Date
General Contractor / NA	Title	Signature	Date
Owner's Representative	Title	Signature	Date





## LIGHTING SYSTEMS – INSPECTION and TEST REPORT

Project Name	<u>Morse Haven</u>		
Area System No.	<u>U. Dorm</u>	Contract Job No.	<u>1401</u>
Location	<u>Nason Mod Yard</u>	I.T.P.	

Tag No.		Make / Model	
Serial No.		Ref. Drawing	
Name Plate Data			

General Lighting Checks	Yes / NA	Date
Fixtures Match Lighting Layouts	<u>YES</u>	<u>March 18/15</u>
Fixtures Tagged per Power Supply	<u>YES</u>	<u>03/18/15</u>
Illumination Levels (If Required) <u>N/A</u> fc.	<u>N/A</u>	<u>03/18/15</u>
Panel Schedule and Drawing As Built	<u>YES</u>	<u>03/18/15</u>
Installation as per Specs., Drawings, Details and Manufacturer Requirements	<u>YES</u>	<u>03/18/15</u>
Photocells / Micro Processors Installed	<u>N/A</u>	<u>03/18/15</u>
Contactors Install as per Specs., Drawings and Details	<u>N/A</u>	<u>03/18/15</u>
Circuit Loading <u>3.5</u> amps	<u>YES</u>	<u>03/18/15</u>
Neutral Current <u>3.5</u> <del>2.5</del> amps	<u>YES</u>	<u>03/18/15</u>
Fixtures Surfaces are Clean and Alignment is as Specified	<u>YES</u>	<u>03/18/15</u>
Emergency Lighting Fixture Cover Torqued as Per Manufacturer's Spec.	<u>N/A</u>	<u>03/18/15</u>

Emergency / Egress Lighting Checks	Yes / NA	Date
Fixtures Match Lighting Layouts	<u>YES</u>	<u>3/18/15</u>
Fixtures Tagged as per Power Supply	<u>YES</u>	<u>3/18/15</u>
Illumination Levels (If Required) _____ fc.	<u>N/A</u>	<u>3/18/15</u>
Panel Schedule and Drawing As Built	<u>YES</u>	<u>3/18/15</u>
Installation as per Specs., Drawings, Details, and Manufacturer Requirements	<u>YES</u>	<u>3/18/15</u>
Emergency Lighting Circuit Breaker is Locked in "ON" Position (If Required)	<u>N/A</u>	<u>3/18/15</u>
Battery Packs as per Lighting Layouts	<u>YES</u>	<u>3/18/15</u>
Chargers / Fixture Check Set to Auto	<u>YES</u>	<u>3/18/15</u>
Fixture Check Completed and Function Verified	<u>YES</u>	<u>3/18/15</u>
Discharge Time (If Required) <u>30min</u> s/m/h	<u>YES</u>	<u>3/18/15</u>
Fixtures Surfaces are Clean and Alignment is as Specified	<u>YES</u>	<u>3/18/15</u>

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date
<u>Multi meter</u>	<u>Fluke</u>	<u>0-1000VAC</u>	<u>101850</u>	<u>Oct 17/14</u>

Attach Additional Supporting Documents, Data or Test Results to this Form as Required





## LIGHTING SYSTEMS – INSPECTION and TEST REPORT

Comments			

Final Acceptance / Sign-Off			
<u>Michael Meany</u> Nason Representative	<u>Electrical Leno</u> Title	<u>[Signature]</u> Signature	<u>March 18 / 15</u> Date
 General Contractor / NA	 Title	 Signature	 Date
 Owner's Representative	 Title	 Signature	 Date



## CABLE TRAY – INSPECTION and TEST REPORT

Project Name	MOOSE HAVEN		
Area System No.	U-DORM	Contract Job No.	1401
Location	NASON MOB YARD	I.T.P. Number	
Tag No.	AH3624L12-6	Make / Model	THOMAS + BETTS
Serial No.		Ref. Drawing	
Name Plate Data			

Checks	Yes/No/NA	QA Initials	Date
Material Type and Style Verified	YES	(M)	3/17/15
Installation as Per Specs, Drawings, Details and Manufacturer Recommendations	YES	(M)	3/17/15
Exposed Sharp edges and Corners do not Present Safety Hazard	YES	(M)	3/17/15
Tray is Separated from Hot Surfaces as per Details / Requirements	YES	(M)	3/17/15
Tray has Been Protected from Ice Build Up	N/A	(M)	3/17/15
Cantilever Sections as per Specifications	N/A	(M)	3/17/15
Field Fabricated Supports and Support Intervals per Manufacturer's Instruction	YES	(M)	3/17/15
Tray Loading and Sag Within Limits	YES	(M)	3/17/15
Tray Anchors and Guides as per Drawings and Installation Requirements	YES	(M)	3/17/15
Expansion Splice Plates as per Drawings and Installation Requirements / Details	N/A	(M)	3/17/15
Expansion Bolt Hardware Tightened as per Manufacturer's Requirements	N/A	(M)	3/17/15
Tray Bonded to Designated Ground Reference	YES	(M)	3/17/15
Barriers / Separations of Voltages as per CEC and Installation Requirements / Details	N/A	(M)	3/17/15
Tray Drop Outs Installed Where Required to Protect Cable	N/A	(M)	3/17/15
Adequate Kick Plates Installed Where Tray Penetrates Floors	N/A	(M)	3/17/15
Instrument Tray Bonding as per CEC and Installation Requirements / Details	YES	(M)	3/17/15
Tray Cover Installed as per CEC and Installation Requirements / Details	N/A	(M)	3/17/15
Fire Stop / Proofing is Completed as per Installation Requirements / Details	N/A	(M)	3/17/15

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date

Attach Additional Supporting Documents, Data or Test Results to this Form as Required



## CABLE TRAY – INSPECTION and TEST REPORT

### Comments

-MAIN Run of tray bonded t's are not as per instruction  
of install of new gear. Ground to be C-TAPPED after  
install

### Final Acceptance / Sign-Off

Michael Meaney  
Nason Representative

Electrical Equip  
Title

[Signature]  
Signature

March 17 / 15  
Date

General Contractor / NA

Title

Signature

Date

Owner's Representative

Title

Signature

Date





## GROUNDING SYSTEMS – INSPECTION and TEST REPORT

Project Name	Moose Haven		
Area System No.	BL OORM	Contract Job No.	1401
Location	Nason Mod Yard	I.T.P.	

Tag No.		Make / Model	
Serial No.		Ref. Drawing	
Name Plate Data			

Ambient Temperature	N/A		
Soil Conditions	Wet <input type="radio"/>	Frozen <input type="radio"/>	Dry <input type="radio"/>

Checks	Yes/No/NA	QA Initials	Date
Installation as per Specs., Drawings and Details	YES	(M)	March 17/15
Conductor Size and Type Verified	YES	(M)	3/17/15
Burial Depth of Conductor (to Finished Grade) _____ Inches	N/A	(M)	3/17/15
Ground Rod and Well Locations Surveyed (if Required)	N/A	(M)	3/17/15
Connections Checked (Torque, No Cold Joints, Burnouts or Protection)	YES	(M)	3/17/15
Taps to Equipment	YES	(M)	3/17/15
Ground Mats	N/A	(M)	3/17/15
System Resistance to Earth Value (if Required) _____ ohms	N/A	(M)	3/17/15
Electrical Test of Ground Monitor Detection System Function (if Applicable)	N/A	(M)	3/17/15
Identification, Warning Nameplates, and Tags as Applicable	N/A	(M)	3/17/15

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date

Attach Additional Supporting Documents, Data or Test Results to this Form as Required



## GROUNDING SYSTEMS – INSPECTION and TEST REPORT

Comments			

Final Acceptance / Sign-Off			
<u>Michael Mormy</u> Nason Representative	<u>Electrical MEP</u> Title	<u>[Signature]</u> Signature	<u>March 17/15</u> Date
General Contractor / NA	Title	Signature	Date
Owner's Representative	Title	Signature	Date



## JUNCTION BOX – INSPECTION and TEST REPORT

Project Name	Moose Haven		
Area System No.	U-Dorm (HVAC Control Panel)	Contract Job No.	1401
Location	Nason Moo Yard	I.T.P. Number	

Pre-Energize	Yes/No/NA	QA Initials	Date
Enclosure Rated for Location	Yes	(m)	March 17/15
All Wiring Tested	Yes	(m)	March 17/15
Grounded (Door, If Required)	Yes	(m)	March 17/15
All Relays Present	Yes	(m)	March 17/15
All Jumper Bar Present	Yes	(m)	March 17/15
All Anchors Tight	Yes	(m)	March 17/15
Backpan Secure	Yes	(m)	March 17/15
Terminals Tight and Markers Complete	Yes	(m)	March 17/15
Lamacoids Installed	Yes	(m)	March 17/15
Legend Plate Installed	Yes	(m)	March 17/15
Light Bulbs Match Lens	N/A		
All Cabling Entered	Yes	(m)	March 17/15
Terminals Identified	Yes	(m)	March 17/15
Drain Installed	Yes	(m)	March 17/15
Panduit Cover	Yes	(m)	March 17/15
Potentiometer Polarity	N/A		
24vdc Voltage Checked	Yes	(m)	March 17/15
Powered Up	Yes	(m)	March 17/15
As Built Package Included	Yes	(m)	March 17/15
Panel Vacuumed and Cleaned	Yes	(m)	March 17/15
Extra Ground Terminals	Yes	(m)	March 17/15
Proper Voltage / CSA Current	Yes	(m)	March 17/15
Spare Parts Supplied	Yes	(m)	March 17/15
Other			
Other			

Comments
----------

Final Acceptance / Sign-off			
Michael Monney	Electrical LEAD	[Signature]	March 17/15
Nason Representative	Title	Signature	Date
General Contractor / NA	Title	Signature	Date
Owner's Representative	Title	Signature	Date





## TORQUE REPORT – INSPECTION and TEST REPORT

Project Name	Moose Haven		
Area System No.	U-Dorm	Contract Job No.	1401
Location	Nason Mod Yard	I.T.P. Number	

Tag No.	MOP-1	Make / Model	Eaton CSEN060170-003-14
Serial No.	74150 / 74151	Ref. Drawing	
Name Plate Data	1200 AMP 600/347 3Ø 4wire		

Checks	Yes / NA	Date
Correct Bolts, Nuts, Washers	YES	March 18/15
Lug / Bus Clean and Free of Debris	YES	March 18/15
Oxidation Coating	YES	March 18/15
Visual Inspection of Wrenching Setting	YES	March 18/15

buss Torque Indicate Bolt A / B / C / N	Cable Torque Indicate Bolt A / B / C / N	Required Torque Lb.in / lb.ft	Torque Spec. Used 1 - Manufacturer's Spec. 2 - C.E.C. 3 - N.E.T.A.	Bolt Size Type / Gr / TPI	100 % Torque	Torque Marked
---	--	----------------------------------	---	------------------------------	-----------------	------------------

Source END E-Have Distribution Panel				Yes / NA	Yes / NA
1) Breaker	A, B, C, N		1	YES	YES
2) TEM-1	A, B, C, N, G		1	YES	YES
Field END TEM-1					
1) Lucas	A, B, C, N		1	YES	YES
Panel EM-1	A, B, C, N, G		1	YES	YES
Breakers					

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date

Attach Additional Supporting Documents, Data or Test Results to this Form as Required



## TORQUE REPORT – INSPECTION and TEST REPORT

Comments

<b>Final Acceptance / Sign-Off</b>			
<u>Michael Meaney</u> Nason Representative	<u>Electrical Lead</u> Title	<u>[Signature]</u> Signature	<u>March 18 / 15</u> Date
General Contractor / NA	Title	Signature	Date
Owner's Representative	Title	Signature	Date



# SYSTEM FUNCTION CHECKS- INSPECTION and TEST REPORT

Project Name	Moose Haven		
Area System No.	U-DORM	Contract Job No.	1401
Location	NASON MOD YARD	I.T.P. Number	

Tag No.	HVAC - CP	Make / Model	
Serial No.		Ref. Drawing	
Name Plate Data			

Checks	Yes / NA	Date
General Physical and Mechanical Inspection	YES	3/20/15
Cleanliness	YES	3/20/15
Grounding or Bonding As Required	YES	3/20/15
Conductors Terminations Checked	YES	3/20/15
Operating Test as Per Manufacturer's Requirements	YES	3/20/15
Operating Test as Per Specifications	YES	3/20/15

Tests		
Description	Results	Date
Testing of Duct/Heater and HVAC system for operation testing and proper working order	HVAC system / Duct Heater is fully operational and is complete for its intended purposes.	March 20/15

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date
Multi Meter	Fluke	0-1000V ac	101650	Oct 17/14

Attach Additional Supporting Documents, Data or Test Results to this Form as Required





## SYSTEM FUNCTION CHECKS- INSPECTION and TEST REPORT

Comments

Final Acceptance / Sign-Off

Michael Meeney  
Nason Representative

Electrical Load  
Title

[Signature]  
Signature

March 10/15  
Date

General Contractor / NA

Title

Signature

Date

Owner's Representative

Title

Signature

Date



## ELECTRICAL DEVICES – INSPECTION and TEST REPORT

Project Name	Moose House		
Area System No.	12- Dorm	Contract Job No.	1401
Location	Nason Moody Ave	I.T.P. Number	

Tag No.		Make / Model	GFCI Receptacles
Serial No.		Ref. Drawing	E-101
Name Plate Data			

Checks	Yes / NA	Date
General Physical and Mechanical Inspection	Yes	March 20/15
Device Location as Per Specifications, Drawings, and Details	Yes	3/20/15
Device Suited to Area Classification as per Specifications, Drawing and Details	Yes	03/20/15
Device Mounting as Per Specification, Drawings and Details	Yes	03/20/15
Grounding or Bonding As Required	Yes	3/20/15
Device is Labeled or Tagged as Per Drawings and Details	Yes	3/20/15
Device Locked Off / Locked Out Prior to Start Up as Required	N/A	3/20/15
Cable Reports Completed (Nason Form 26-003)	N/A	3/20/15

Measurement	Test Voltage	ohms
Em-1-1 Phase to Neutral	123.2 VAC	
Em-1-3 Phase to Neutral	123.1 VAC	
Em-1-5 Phase to Neutral	122.8 VAC	
Em-1-13 Phase to Neutral	122.3 VAC	
Em		



## ELECTRICAL DEVICES – INSPECTION and TEST REPORT

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date
Multi-meter	Fluke	0-1000VAC	101850	Oct 17/15

Attach Additional Supporting Documents, Data or Test Results to this Form as Required

Comments
All cables for 120v/208 cots were point to point
verified for all 120/208VAC wire runs

Final Acceptance / Sign-Off			
Michael Mearney	Electrical Ltrd		March 20/15
Nason Representative	Title	Signature	Date
General Contractor / NA	Title	Signature	Date
Owner's Representative	Title	Signature	Date





Tag No.	HEATER	Make / Model	THERMOLEC SC-CTPBXUA
Serial No.	311338-001	Ref. Drawing	
Name Plate Data	10 KW 208V 3Ø 27.8 AMP		

Checks	Yes / NA	Date
General Physical and Mechanical Inspection	YES	March 20/15
Device Location as Per Specifications, Drawings, and Details	YES	3/20/15
Device Suited to Area Classification as per Specifications, Drawing and Details	YES	3/20/15
Device Mounting as Per Specification, Drawings and Details	YES	3/20/15
Grounding or Bonding As Required	YES	3/20/15
Device is Labeled or Tagged as Per Drawings and Details	YES	3/20/15
Device Locked Off / Locked Out Prior to Start Up as Required	N/A	3/20/15
Cable Reports Completed (Nason Form 26-003)	N/A	3/20/15

[illegible]



## ELECTRICAL DEVICES – INSPECTION and TEST REPORT

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date
Multi-meter	Fluke	0-1000vac	101850	Oct 17/14

Attach Additional Supporting Documents, Data or Test Results to this Form as Required

Comments

Final Acceptance / Sign-Off			
Michael Meaney	Electrical Leno		March 20/15
Nason Representative	Title	Signature	Date
General Contractor / NA	Title	Signature	Date
Owner's Representative	Title	Signature	Date





## CONDUIT SYSTEM – INSPECTION and TEST REPORT

Project Name	<u>Moore Haven</u>		
Area System No.	<u>U-Dorm</u>	Contract Job No.	<u>1401</u>
Location	<u>Nason Mon/Arg</u>	I.T.P. Number	

Tag No.		Make / Model	<u>EMT</u>
Serial No.		Ref. Drawing	<u>E-101</u>
Name Plate Data			

Checks	Yes/No/NA	QA Initials	Date
Correct Material Installed (Indicate AL / RGS / Coated RGS / DB2 / PVC / FRE / Other)	<u>YES</u>	<u>(M)</u>	<u>March 18/15</u>
Spacing / Stub-up Location and Clearance as per Drawings and Details	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Adequate Separation From Hot Surfaces	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Expansion Joints Installed as per Drawing and Details as Required	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>
Expansion Joints are Bonded and Adjusted to Ambient Temperature at Time of Install	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>
Flexible Rigid Conduit is Bonded as per CEC, Drawings and Details	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Conduit is Identified as Required with Correct Tagging and / or Colour Code	<u>N/A</u>		<u>3/18/15</u>
Correct Bending Equipment Was Used and Conduit is Free of Kinks or Flat Bends	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Fitting, Outlet Boxes, Junction Boxes and Enclosures are Correct per Drawings & Details	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Enclosures and Boxes are Located with Adequate Access; Covers or Doors with Full 90 Degree Swing	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Correct Lubricant Was Used for Threaded Covers and Hubs	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Low Point Drawings, Covers, Gaskets, Seals, Breathers Installed as Required per Drawings and Details	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Adequate Supports Installed at Bends, Fittings, Junction Boxes and Enclosures	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Correct Conduit Straps and Support Material Used to Match Conduit Material Installed	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Lock Nuts, Locknut Seals and Bushings Make Good Contact With the Knockout Surface	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Building Penetrations are Sealed with Correct Sealant for Area as per Drawings and Details	<u>YES</u>	<u>(M)</u>	<u>3/18/15</u>
Conduit / Duct Bank Installed at Required Depth as per Drawings and Details	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>
High Voltage Conduits Encased in Red Dyed Concrete as Required per Spec., Drawings and Details	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>
Rebar has Been Installed in Concrete Encasement as Required per Spec., Drawings and Details	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>
Grounding Conductor Has Been Installed in Concrete Encasement as Required per Spec., Drawings and Details	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>
Conduits Have Been Swabbed and Capped as Required	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>
Backfill Material as per Spec., Drawings and Details	<u>N/A</u>	<u>(M)</u>	<u>3/18/15</u>

Test Instruments				
Description	Manufacturer	Range	ID Number	Calibration Date





## CONDUIT SYSTEM – INSPECTION and TEST REPORT

Attach Additional Supporting Documents, Data or Test Results to this Form as Required

Comments

### Final Acceptance / Sign-Off

Michael Mooney  
Nason Representative

Electrical Leno  
Title

[Signature]  
Signature

March 18 / 15  
Date

General Contractor / NA

Title

Signature

Date

Owner's Representative

Title

Signature

Date

# TRANSFORMER – INSPECTION and TEST REPORT

Project Name	<u>MOOSE HAVEN</u>		
Area System No.	<u>W DOEM</u>	Contract Job No.	<u>1401</u>
Location	<u>NAREN MOD / AED</u>	I.T.P. Number	

Procedure	Yes / No / NA	QA Initials	Date
Required Submittals Are Reviewed and Approved	<u>YES</u>	<u>(M)</u>	<u>Mar 17/15</u>
Approved For Construction Drawings Are Issued And Distributed To Field	<u>YES</u>	<u>(M)</u>	<u>03/17/15</u>
Specified Material Used In Accordance With The Specifications	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
Power Transformer Is Installed As Shown On The Drawings	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
Transformer has Adequate Clearance for Ventilation	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
Transformer Is Installed In A Level And Upright Position	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
Transformer Nameplate Rating, Impedance And Available Tap Positions	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
No Visible Signs Of Oil Leakage	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
Connections To Transformer Ground Pad, Ground Bus And To Transformer Secondary Neutral	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
Secondary Terminal Box Is Sealed From Moisture	<u>YES</u>	<u>(M)</u>	<u>3/17/15</u>
Witness All Required QC Tests			
Winding Resistance Tests			
Ratio Test			
Polarity And Phase Relation Tests			
Impedance And Load Loss Tests			
Applied And Induced Potential Test			
Insulation Resistance Test			
Auxiliary Device Insulation Test			
Operational Test Of All Auxiliary Devices			
Other <u>FACTORY TESTED</u>			
ITO Test Has Been Completed For Each Transformer Using AC Power	<u>YES</u>		<u>3/17/15</u>
All Paint Defects Or Markings Are Touched Up	<u>YES</u>		<u>3/17/15</u>

Utility Transformer Information			
Utility Provider		Voltage Reading at Transformer	<u>T-EM-1</u>
kVA Rating		X1 – X2	X2 – X0
Volt Rating	<u>N/A</u>	X1 – X0	X3 – X1
Phase		X2 – X3	X3 – X0
Impedance			

## TRANSFORMER – INSPECTION and TEST REPORT

Comments

### Sign-Off

Michael Meaney  
Nason Representative

Electrical Lin  
Title

[Signature]  
Signature

March 17/15  
Date

General Contractor / NA

Title

Signature

Date

Owner's Representative

Title

Signature

Date





AS BUILT

CLIENT		PROJECT No.	14001
PROJECT	MOOSE HAVEN	DATE	FEB28-15

PANEL No.	P-1	VOLTAGE	208/120
LOCATION	UDORM	MAINS	225AMP
MANUFACT	EATON	PHASE	3PH/4WIRE
CAT. No.		CIRCUITS	42

CCT	BRK SIZE	DESCRIPTION	LOAD	CCT	BRK SIZE	DESCRIPTION	LOAD
1	15	INSIDE RECEPTACLE		2	15	SPARE	
3	15	INSIDE RECEPTACLE		4	15	SPARE	
5	15	INSIDE RECEPTACLE		6	15	EXIT LIGHTS	
7	15	HVAC		8		HVAC HEATER	
9		CONTROL PANEL		10	40	COIL	
11	15	OUTSIDE LIGHTS		12		DISCONNECT	
13	15	OUTSIDE RECEPTACLE		14	15		
15	15	INSIDE LIGHTS		16	15		
17	15			18	15		
19	15			20	15		
21	15			22	15		
23	15			24	15		
25	15			26	15		
27	15			28	15		
29	15			30	15		
31	15			32	15		
33	15			34	20		
35	15			36			
37	15			38	15		
39	15			40			
41	20			42	20		



## WALL LITE

*The Wall Lite is ideal for security lighting above entryways, stairwells and pedestrian areas. The clear prismatic lens offers glare free light. Available in High Pressure Sodium and Compact Fluorescent.*

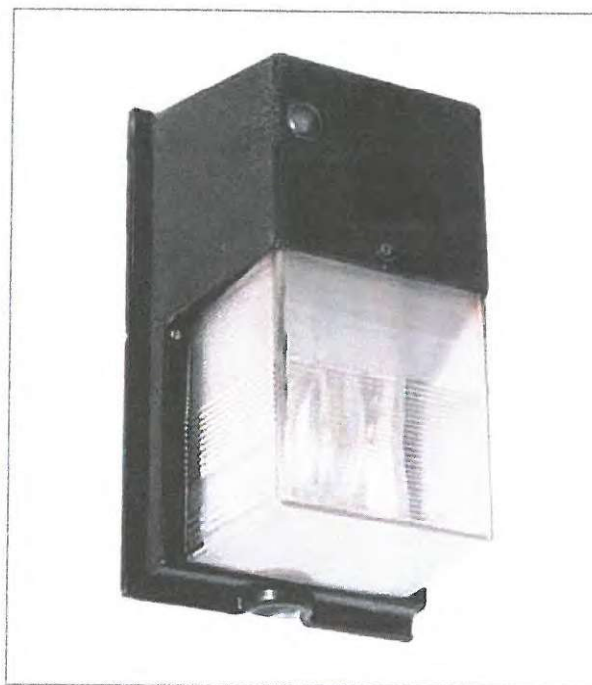
**MOUNTING PLATE** Die cast aluminum with provision for mounting the fixture to a standard octagon box or surface mount and using 1/2" knock out for providing power.

**HOUSING** Made of durable polycarbonate available in Bronze or White.

**LENS** Made of durable polycarbonate with prismatic pattern that offers glare free light.

**BALLAST** All High Pressure Sodium ballasts are 120V normal power factor. Compact fluorescent ballasts are 120 - 277 or 347 volts electronic rated to -30°C.

**SOCKET** Medium base 4KV pulse-rated socket with a nickel-plated screw shell and a spring-loaded centre contact for High Pressure Sodium models. White thermo plastic with integral clips for lamp retention for Compact Fluorescent models.



**LAMP** All units come complete with lamp.

**WATTAGES** 35, 50 and 70 High Pressure Sodium and 42 watt Compact Fluorescent.

**FINISHES** Available in Bronze or White.

**OPTIONS** Photocell, wire cage



## Catalog Code

## Dimensions

WL

35HPS 50HPS 70HPS  
26CFL, 32CFL 42CFL

LAMP

120NPF, 120E\*, 347E\*

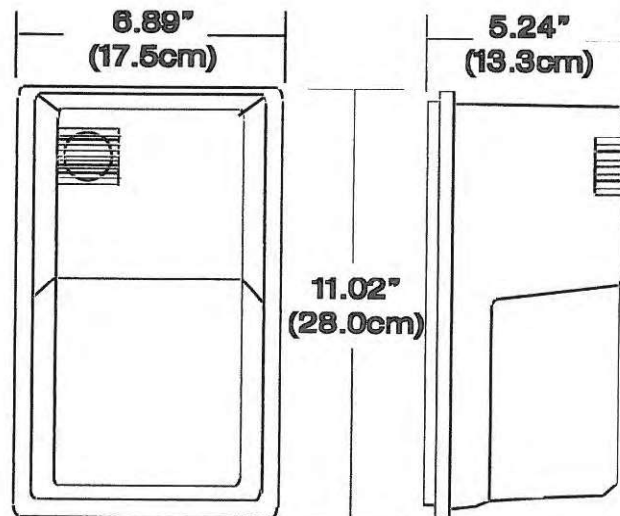
VOLTAGE

B - BRONZE  
W - WHITE

FINISH

PC - PHOTOCELL  
WC\*\* - WIRE CAGE

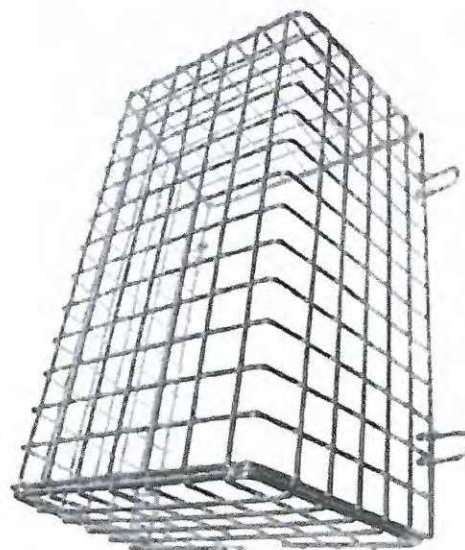
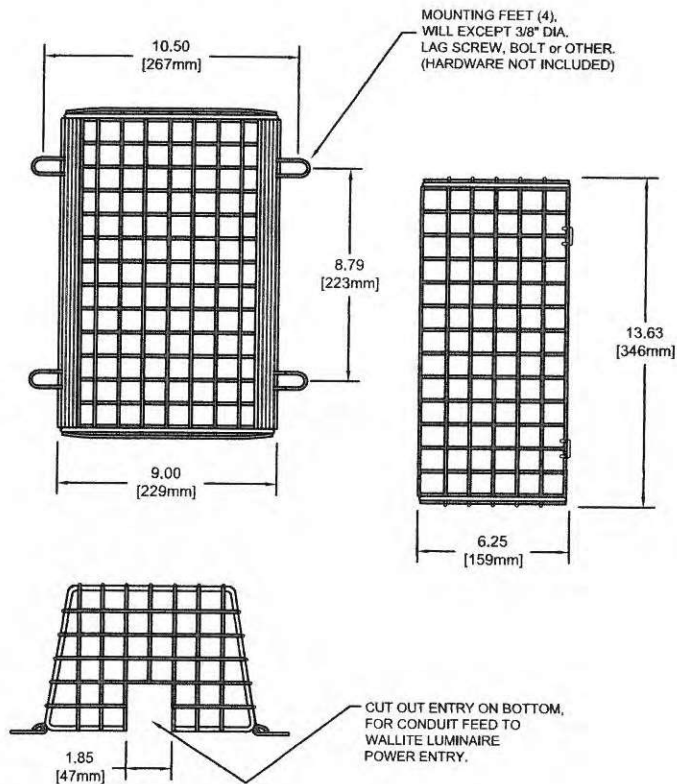
OPTIONS



\* Available for CFL lamps only.

\*\*Ordered and shipped separately.

## WIRE CAGE DETAIL



1210

[www.rabdesign.ca](http://www.rabdesign.ca)

# LMC Series

## All Metal Exit Sign

Labour-saving combination unit



### Features

- Combination Exit Sign and Power Pack
- Now with dual input voltages 120/347Vac
- Based on a modular design concept, this combo unit comes pre-assembled for quick, easy installation
- Metal stencil plate with red letter panel
- Universal mounting – end, wall or ceiling
- Easy access to wiring entry for all mounting options
- Canopy mounting system designed specifically for ease of installation
- Universal, field-selectable chevrons (knockout)
- Long-life, energy-efficient, **AllnGaP** LED light source
- Energy efficient – complete unit consumes less than 3.5watts
- Completely self-contained combo unit with sealed lead battery provides a minimum of 30 minutes of emergency lighting
- Power pack comes standard with test switch and high charge pilot light and is available in either 28, 44 or 72watts
- CSA certified, meets or exceeds C860 requirements

NEXUS



### Typical Specification

Supply and install the Lumacell 8LMCE LED exit sign and power pack combination series. The exit housing and faceplates shall be constructed of steel. The exit sign shall have a maximum depth of 2-1/2". The faceplate(s) shall come standard with knockout chevrons. The light source for the exit sign shall be light-emitting diodes (LED). The LED lamps shall provide illumination in normal and emergency operation and shall be mounted inside the exit housing, not on the face. Red LEDs shall be of **AllnGaP** technology. An LED sensitive diffuser shall be mounted behind the legend to provide the 6" high by 3/4" stroke letters with even illumination. The power pack shall be a completely self-contained emergency unit with its own charger and rechargeable battery. The housing shall be made of steel. The power pack shall include a test switch and high charge pilot light.

The equipment shall be designed to furnish exit illumination from the normal AC source. When a power failure occurs the exit sign along with the emergency heads shall illuminate for a minimum of 30 minutes. The power available for emergency lights shall be 28watts or as otherwise specified.

The heads shall require no tools to adjust and aim. The heads will be of a durable thermoplastic construction and use 6volt, 9watt lamps or as otherwise specified.

The exit sign shall be CSA-C860 approved.

The equipment shall be Lumacell Model:

\_\_\_\_\_.

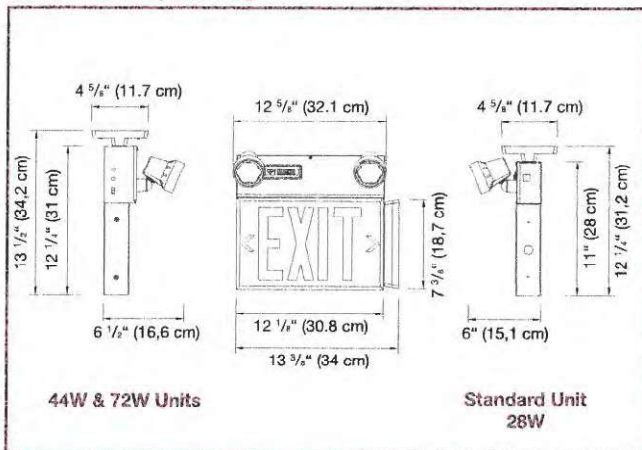


Project/Location		Date
Contractor		Prepared by
LUMACELL Model		



## 8LMCE SERIES

### Dimensions



### Wire Guards

460.0078-L	Wall Mount
460.0060-L	Ceiling Mount

### Extra Faceplates

005406-L	Factory white faceplate + red diffuser
005407-L	Black faceplate + red diffuser
005408-L	Silver grey faceplate + red diffuser
005409-L	Factory white faceplate + green diffuser
005410-L	Black faceplate + green diffuser
005411-L	Silver grey faceplate + green diffuser

### Power Consumption and Unit Rating

Model	AC Specs	Wattage Capacity				
		30min	1h00	1h30	2h00	4h00
<b>EXIT Sign Module</b>	120/347Vac	Less than 1W	-	-	-	-
8LMCE	120/347Vac	0.15/0.05 Amp	28	16	12	9
10LMCE	120/347Vac	0.15/0.05 Amp	44	26	18	15
7LMCE	120/347Vac	0.15/0.05 Amp	72	42	30	24

### Ordering Information

Series	# of Heads	Head style Wattage	Colour	Voltage	Options
<b>8LMCE= 6V-28W</b> <b>10LMCE= 6V-44W</b> <b>7LMCE= 6V-72W</b>	<b>Blank=</b> no heads <b>1=</b> one head <b>2=</b> two heads	<b>MT9W=</b> micro-tungsten, 9W <b>MQ8W=</b> micro-halogen, 8W <b>MQ12W=</b> micro-halogen, 12W <b>MQM6W=</b> micro-MR16, 6W <b>MQM10W=</b> micro-MR16, 10W	<b>Blank=</b> factory white <b>BK=</b> black <b>SG=</b> silver grey	<b>Blank=</b> 120/347Vac <b>ZC=</b> 277Vac	<b>Blank=</b> no options <b>TD=</b> time delay <b>TP=</b> tamper proof screws <b>GN=</b> green letters <b>*990.0119-L=</b> tamper proof bit <b>NEX=</b> Nexus® system interface

NOTE: Supplied as single face, see extra faceplates ordering information.

**EXAMPLE: 8LMCEMT9W**



## FLUORESCENT LIGHT FIXTURE



- IP65 Rated - Suitable for Damp & Wet Location
- T8, T5 or T5HO Lamps
- Sealed Polycarbonate
- CSA Certified
- Performance complies with CSA C22.2 No. 141 (applies to self-powered versions only)

### DESCRIPTION

The VP4 series of IP65 rated linear fluorescent fixtures are sealed against water and moisture making them ideal for wet and damp locations. Uniform gasketing is inserted around the entire housing, ensuring a complete seal. The polycarbonate housing and lens is corrosion resistant and will not rot or rust. A high performance, metal reflector provides superior light output and helps dissipate ballast heat. Available in T8 or T5 lamp models, utilizing one or two four foot long (48") lamps - not supplied.

### ELECTRICAL

- Instant start electronic ballast standard, other ballast types optional
- Variety of available input voltages including dual selectable voltages as specified (120VAC standard)
- Operates one or two T8 lamps standard, T5 and T5HO lamp models optional (lamps not included)

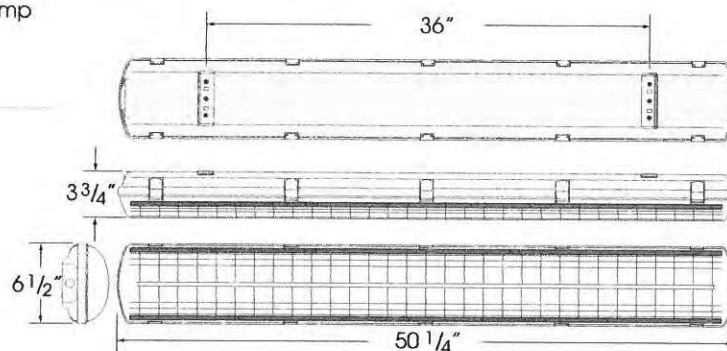
### ELECTRICAL SELF-POWERED

- High-performance, sealed Ni-Cad battery
- 90 Minutes emergency duration (standard)
- Automatic transfer and battery charger

### MECHANICAL

- Lightweight, flexible and durable polycarbonate construction
- Integral gasket forms uniform, long-life seal around the entire enclosure
- Stainless steel mounting hardware for wall, ceiling or suspended mounting
- Multiple conduit knockouts in housing ends and top
- Flush mount, reinforced plastic lens latch clips
- Row mount aligners molded into housing ends
- UV stabilized, high clarity lens with prismatic cut-off
- High efficiency, white metal reflector shaped for optimal light output
- Sealed strain relief/cable gland kit included

### DIMENSIONS



### ORDERING GUIDE

Series	Lamp Type	Number of lamp	Wattage	Operation	Input voltage	Ballast type	Options
VP4	T8	1 - 1 lamp Blank - 2 lamps	32 - 32W	AC - AC only (standard)	120 - 120VAC 60Hz 277 - 277VAC 60Hz	/FRZ* - Freezer/low temperature ballast	/DIM1 - Low voltage circuit dimming /DIM2 - Line voltage dimming /TAN* - Tandem mount /Fu* - Fuse
	T5		28 - 28W	EM - Emergency / AC fail only	120-277 - 120/277VAC 50/60Hz	/RPD* - Rapid/program start ballast (T8 only)	/FLN - Frosted lens /DG - Dark grey colour
	T5HO		54 - 54W	DL - Dual AC and emergency	347 - 347VAC 60Hz	/LPW - Low power (T8 only)	/L6 - 6' cable length /L10 - 10' cable length /SR - Specular reflector alonoid 320 /SS - Stainless steel latches

VP4T5HO54 only available with 120-277 or 347V voltage.

\* Contact factory as some options may not apply to lamp/ballast selections