

# Generator Reactive Testing Request Form



**Submit form at least 5 business days in advance of planned testing**

Send to [RTORRequests@atcllc.com](mailto:RTORRequests@atcllc.com) with subject line containing 'Generator Test Request'

**GENERATOR OWNER FILLS OUT SECTIONS I – IV**

**ATC OPERATIONS ENGINEERING FILLS OUT SECTIONS V -VII**

**I.**

Plant:	Unit(s):
Request submittal date:	
Test start date:	Start time:
Test completion date:	Completion time:
Requestor name:	Phone #:
Requestor email:	

**II.**

**Type of testing being requested:**

MVAR capability

**III.**

**Test Plan:**

Maximum MVAR Expected:

Minimum MVAR Expected:

If multiple units are available will unit(s) not undergoing testing offset MVARs from unit(s) undergoing testing?

**IV.**

Voltage Regulator Status During Test	Auto	Manual
Voltage Regulator Mode During Test	Voltage	Other:

**V.**

**Test Requirements Required of ATC:**

Target Transmission Bus Voltage:

Switch Capacitor Bank:

Switch Reactor:

Switch Line:

Other:

**VI.**

**Special Instructions from ATC/Reason for Test Requirements:**

**VII.**

**Gen Test Review and Approval**

Operations Engineer Approver: \_\_\_\_\_ Approved

**Email completed form to:** Original Requestor, Outage Coordination and Transmission Reliability Administrators

**VIII.**

**System Control Operator Notes**

(Summary of any actions taken or notable conditions that impacted testing process)