

Generator Reactive Testing Request Form



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

Send to RTORequests@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: _____

Testing point of contact name: _____

Testing point of contact phone#: _____

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)