

Generator Reactive Testing Request Form



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

Send to 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)