



PACIFIC GAS AND ELECTRIC COMPANY PRIMARY SERVICE (PS-1) INFORMATION FORM

Date Completed Form Received : _____	By Whom : _____	PG&E	_____
Date Completed Form Approved : _____	By Whom : _____	LOG	_____
		WO/GM	_____
		D&C	_____

THIS PAGE TO BE COMPLETED BY PG&E - ONLY ITEMS THAT APPLY

Name of Project: _____
 Location: _____
 PM#: _____

Transmission Line No. _____ Distribution Circuit No. _____

1. Maintenance Data:

2. Test Reports Attached: Yes _____ No _____
 If not, who has the reports: _____

4. Designated PG&E Electric Control Center _____

5. PG&E Inspector

NAME	PHONE NO.
_____	_____

Date Inspection Performed: _____

Distribution:

- PG&E Designated Electric Control Center – (Distribution Operator) (1)
- System Protection (1)
- Station Test Group (1)
- Division Project Coordinator – (Project Manager or IPE) (1)
- Division Electric Distribution Planning (1)
- Marketing Services (1)
- Power Contracts (1)
- GM&C Area Engineering (1)
- System Dispatch (1)



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THIS ENTIRE PAGE MUST BE COMPLETED BY THE CUSTOMER

1. Main Circuit Breaker(s) or Contactor(s):

Manufacturer _____ Serial No. _____

_____ Continuous Current (CC) Rating
 _____ Interrupting Ampere Capacity (IAC) Rating
 _____ Rated Voltage
 _____ Type: (Air-Break, Oil Filled, Vacuum, SF6)
 _____ Undervoltage Release
 _____ DC Shunt-trip via a trip signal supplied through a battery external to circuit breaker.
 _____ (Capacitive Tripping is unacceptable)
 _____ Control Voltage

2. Main Protective Relay Current Transformer(s) (CT):

Manufacturer _____ Model No. _____

_____ CT Ratio
 _____ CT Class (Minimum Class C100 Required)
 _____ CT Burden (Value must be provided in Ohms)

3. DC Power Supply (Battery and Charger System):

Manufacturer _____ Model No. _____

_____ Cell Type: Only flooded lead-acid (calcium, antimony) or nickel-cadmium (NiCd)
 _____ permitted for use in primary service installations.
 _____ Voltage (Volts)
 _____ Nominal Ampere-Hour (AH) Rating
 _____ Charger Float Voltage (Volts)
 _____ Charger Normal Charging Current (Amps)

COMPLETE ONLY THE ITEMS THAT APPLY TO YOUR PROJECT



PRIMARY SERVICE RELAY SETTINGS

THIS ENTIRE PAGE MUST BE COMPLETED BY THE CUSTOMER

NOTE THAT SETTINGS MUST BE ACTUAL SETTINGS IN SECONDARY VALUES NOT PERCENTAGES

PG&E's System Protection will advise regarding any additional Required Protection Functions

PROTECTIVE DEVICES:

RELAY	Standard Device Number	Required? Yes/No	Mfr and Model	Settings	Specific Breaker Tripped	Date of Function Test	PG&E Inspector Initials
Zone 1 Distance	21Z1						
Zone 2 Distance	21Z2						
Directional Phase Overcurrent	67						
Directional Overcurrent Grd	67N						
Non-directional Phase Overcurrent	50/51						
Ground or Neutral Overcurrent	50/51N						
Overvoltage Ground	59N						
Undervoltage	27						
Overvoltage	59						



RELAY	Standard Device Number	Required? Yes/No	Mfr and Model	Settings	Specific Breaker Tripped	Date of Function Test	PG&E Inspector Initials
Overcurrent with voltage restraint	51V						
Transfer Trip From:							
Transfer Trip From:							
Reclose Block at:							
Reclose Block at:							

COMPLETE ONLY ITEMS THAT APPLY TO YOUR PROJECT

ADD ALL PG&E REQUIRED RELAY FUNCTIONS THAT APPLY TO YOUR PROJECT