

2026 CDN. VAUGHAN MAINTENANCE EVENT REV 2

Electrical Check Sheet

Team name: _____

Date: _____

Electrician name: _____

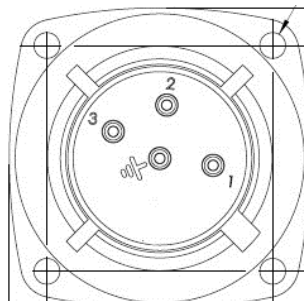
Power Supply Voltage: _____

Motor Final Voltage

Motor: ID Tag Operating Amperage: _____

Power Cable

T1 to Ground	_____ List ohms
T2 to Ground	_____ List ohms
T3 to Ground	_____ List ohms
T1 to T2	_____ List ohms
T2 to T3	_____ List ohms
T1 to T3	_____ List ohms



The condition of the power cable?
The condition of the control cable?

Good _____
Good _____

Bad _____
Bad _____

Final Voltage Check

L1 – L2 _____

L1 – L3 _____

L2 – L3 _____

Have all electrical Checks been complete and recorded?

Yes _____ No _____

Safety Supervisor

Signature