

	Item Name		Checking Date		Meter Type		Testvoltage [V]							Testtime [s]		
	From		To		Cable Type		Insulation resistance (MΩ)							conclusion		
Cable number	Equipment number	Equipment Name	Equipment number	Name	Specification	Length (m)	R-Y	R-B	Y-B	R-N	Y-N	B-N	R-PE		Y-PE	B-PE
		Tester :	Subcon:		G-CES:					Client:						
		DATE	DATE:		DATE:					DATE:						