



INFRARED INSPECTION REPORT SHEET

Carr & Duff, Inc.
2100 Byberry Road
Huntingdon Valley, PA 19006
(215) 672-4200

CUSTOMER Carr & Duff, Inc. PAGE _____
 USER Carr & Duff, Inc. ; 2100 Byberry Road ; Huntingdon Valley PA 19006 JOB # C090000
 DATE 8/18/2009 AMBIENT TEMPERATURE _____ °F HUMIDITY _____ % EQPT. LOCATION _____
 SUBSTATION Outside POSITION 005557
 MANUFACTURER General Electric MODEL _____ SERIAL NO. _____
 TAG ID 005557 ENERGIZED CRITICAL

EQUIPMENT TESTED Branch Circuit Panel

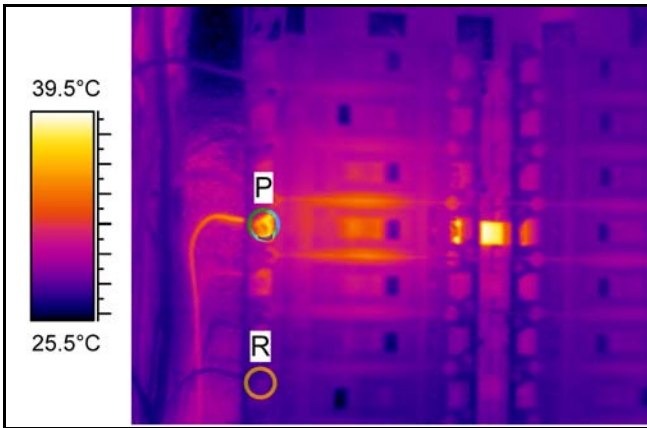
SEVERITY CRITERIA FOR SIMILAR COMPARISONS

| NORMAL | ALERT | SEVERE | CRITICAL |
|-----------------------|---------------------|-----------------|------------------------|
| LESS THAN 4.1°C | 4.1°C TO 8.0°C | 8.0°C TO 15.0°C | GREATER THAN 15.0°C |
| REFERENCE TEMPERATURE | PROBLEM TEMPERATURE | | DIFFERENCE TEMPERATURE |
| 28.35 °C | 34.00 °C | | 5.65 °C |

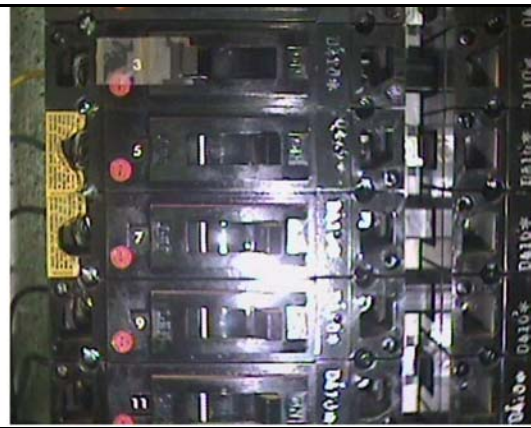
| VARIABLES | PROBLEM POLE LOCATION | CURRENT RATING (AMPS) | CURRENT DRAW (AMPS) | THDC (%THD-F) | VOLTAGE DROP (VOLTS) |
|-----------|-----------------------|-----------------------|---------------------|---------------|----------------------|
| PHASE A | 1 | 20 | 16 | 3 | .150 |
| PHASE B | | | | | |
| PHASE C | | | | | |

Problem Description - ALERT Immediate Hazard Customer Notified Immediately
 Temperature problem due to high contact resistance.

- | | | |
|---|---|---|
| <input type="checkbox"/> PROBLEM CORRECTED | <input type="checkbox"/> TIGHTENED/TORQUED CONNECTION | <input type="checkbox"/> CORRODED/DISCOLORED |
| <input type="checkbox"/> OVERLOADED CIRCUIT | <input checked="" type="checkbox"/> EXCESSIVE CURRENT HARMONICS | <input type="checkbox"/> STRIPPED/CROSS-THREADED HARDWARE |



IR_0464



DC_0465

| | | | |
|--|--|--|---|
| Consequences if Not Corrected | | | |
| <input checked="" type="checkbox"/> Equipment Failure | <input type="checkbox"/> Fire Hazard | <input checked="" type="checkbox"/> Safety Hazard | <input checked="" type="checkbox"/> Power/Business Interruption |
| Failure of circuit breaker could lead to unplanned outage. | | | |
| Recommendation For Repair | | <input checked="" type="checkbox"/> Repair Equipment | <input type="checkbox"/> Replace Equipment |
| Replace circuit breaker. | | | |
| Corrective Actions | | | <input type="checkbox"/> Problem Corrected |
| <input type="checkbox"/> Fixed During Visit | <input type="checkbox"/> Contractor Will Correct | <input type="checkbox"/> Customer Will Correct | <input type="checkbox"/> Estimate Required |

TEST EQUIPMENT USED: _____ TESTED BY: M.W.