



CABLE TEST DATA

CONTROL CARD

PROJECT NAME: _____ INSULATION RESISTANCE TESTER ID: _____ CALIBRATION DUE DATE: _____

CIRCUIT DESCRIPTION	PANEL	CIRCUIT BREAKER	CABLE TYPE	VOLTS	WATTS	LOAD (A)	CABLE RESISTANCE	INSULATION RESISTANCE Min.1000Vdc		
								Before Installation	During Installation	After Covering

PRODUCT NAME: _____ MODEL #: _____

COMPANY / CUSTOMER: _____

SUPPLIER/PURCHASED FROM: _____

ELECTRICIAN NAME: _____

APPLICATION: PIPE TRACE ROOF & GUTTER SNOW MELTING OTHER: _____

EMAIL: _____ TEL: _____

LOCATION: _____

INSTALLATION DATE: _____

ADDRESS OF INSTALLATION: _____

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 • Fax to (847) 526-4456 • Save as PDF. Email to info@delta-therm.com
 • Click SUBMIT button

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