

Serial No.

Electroshield - C° 000



Current Transformer

TV-EK

PASSPORT

EK.1.770.100 PS

Manufacturer's address:
24 Sovetskaya str. Babynino, Kaluga region, 249210 Russia
Telephone (48448) 2-17-51, fax (48448) 2-24-58
Moscow office: 26 Ryabinovaya Str., building 2, office 307
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PASSPORT

1 General Information

Current transformer TV-EK

TU 3414-009-52889537-08

Serial No. _____ Manufacturing date _____

2 Basic Technical Data and Characteristics

Parameter	Secondary windings					
	1И1-1И2	2И12И2	3И1-3И2	4И1-4И2	5И1-5И2	6И1-6И2
Accuracy class		-	-	-	-	-
Rated primary current, A		-	-	-	-	-
Rated secondary current, A						
Rated frequency, Hz						
Rated instrument security factor of secondary measuring winding FS_{rat}	-	-	-	-	-	-
Rated accuracy limit factor of secondary protective winding ALF_{rat}		-	-	-	-	-
Secondary burden at $\cos\varphi=0.8$		-	-	-	-	-
Excitation voltage, V			-	-	-	-
Excitation current, A		-	-	-	-	-
Direct-current resistance, mOhm			-	-	-	-
Short-time thermal current, kA (ratio)						
Short-circuit current flow duration, sec						
Climatic class						
Dimensions, mm						
$D_{ext}=$	$d_{int}=$		$h=$			

Transformer weight, kg (not more)

3 Package Contents

Current transformer	1 pcs
Passport	1 pcs
Operation Manual	according to order

4 Manufacturer's warranties

The manufacturer warrants correct operation of the transformer, provided that the customer follows requirements to operation, mounting, demounting and storage specified in Operation Manual EK.1.770.100 RE.

Warranty service life – 5.5 years from the transformer commissioning date but not more than 6 years from the manufacturing date.

5 Acceptance Certificate

The current transformer conforms to requirements of TU 3414-009-52889537-08 and was qualified for operation.

Test responsible _____
signature full name date PT lab stamp

The transformer passed the initial verification under Verification Method EK.1.770.000 PM5

Re-verification interval – 8 years

Verification officer _____
signature full name date Verification mark

Acceptance Responsible _____
signature full name date QC stamp