JABATAN KERJA RAYA MALAYSIA
CAWANGAN KEJURUTERAAN ELEKTRIK
UNIT PENSIJILAN BAHAN & STANDARD

TECHNICAL INFORMATION **AIR CIRCUIT BREAKER (ACB)**

A. COMPANY INFORMATION			
COMPANY NAME :			
ADDRESS :		**TELEPHONE NO :**	
		FAX NO :	
		COMPANY EMAIL :	

ISO CERTIFIED COMPANY			**REGISTRATION NO:**	**SCOPE:**
1. ISO 9001	☐ YES	☐ NO	…….	……
2. ISO 14001	☐ YES	☐ NO	…….	……
3. ISO 50001	☐ YES	☐ NO	…….	……
4. ISO ……	☐ YES	☐ NO	…….	……

B. PRODUCT INFORMATION		
BRAND NAME :		
MODEL :	1. ……..	4. ……..
	2. ……..	5. ……..
	3. ……..	6. ……..
STANDARD NO.: **(MS IEC/IEC/etc.)**		
PRODUCT CERTIFICATION : **LICENSE (SIRIM/OTHER)**		**DATE OF ISSUE:** **VALID UNTIL:**
TEST CERTIFICATE NO.:		**TESTING LABORATORY:** **DATE OF ISSUE:**
TEST REPORT NO.:		**TESTING LABORATORY:** **DATE OF ISSUE:**
COUNTRY OF MANUFACTURE:		
NAME OF MANUFACTURER:		
FACTORY ADDRESS :		

Please Tick: [√] Yes [×] No [ ] - Office use

Note: i) Maximum rated current up to 3500A only
ii) For 4 pole ACB, size of neutral shall be of full size

C. PRODUCT SPECIFICATION/STANDARD

				Office Use
1.	Withdrawable Type	[ ] Yes	[ ] No	[ ]
2.	Flush-Mounting type	[ ] Yes	[ ] No	[ ]
3.	Horizontal Draw out during isolation	[ ] Yes	[ ] No	[ ]
4.	Number of poles 3[ ] 4[ ]	[ ] Yes	[ ] No	[ ]
5.	Minimum rupting capacity (Icw) of 50kA at 415V for 1s	[ ] Yes	[ ] No	[ ]
6.	Closing mechanism shall be of stored energy type 6.1 can be manually charged 6.2 Can be electrically charged	[ ] Yes	[ ] No	[ ]
7.	'ON' and 'OFF' indicators clearly marked	[ ] Yes	[ ] No	[ ]
8.	'Each pole shall be provided with: 8.1 Arc chute contacts which are of renewable type 8.2 Interpole barrier	[ ] Yes	[ ] No	[ ]
9.	Minimum 4nos. double break type auxiliary contacts (2-Normally open, 2-Normally close)	[ ] Yes	[ ] No	[ ]
10.	Operating mechanism (*Refer Appendix*)	[ ] Yes	[ ] No	[ ]
11.	Breaker position marking/indications	[ ] Yes	[ ] No	[ ]
12.	Padlocking the carriage during Test and Connection position	[ ] Yes	[ ] No	[ ]
13.	Breaker cannot be closed when it is in intermediate position	[ ] Yes	[ ] No	[ ]
14.	The live parts are protected by lockable shutters when circuit breaker is withdrawn out.	[ ] Yes	[ ] No	[ ]

D. OTHERS (please specify)

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E. DETAIL MODEL

Operating Mechanism: *(Please tick √ accordingly)*

Position	Main contact		Control Contact	
	Engage	Isolate	Engage	Isolate
Service				
Test				
Isolated				

Annex

Description	Model (1)	Model (2)	Model (3)	Model (4)	Model (5)	Model (6)
Model						
Type (if available)						
Rated Current (A)						
No. of poles						
Icu (kA) at 415Vac						
Ics (kA) at 415Vac						
Icw (kA) at 415Vac						
Built in short circuit protection* (*e.g Yes*)						
Mechanical interlocking (*e.g Yes*)						
Electrical interlocking (*e.g Yes*)						

Remarks:

***** To simulate by using a test kit during ACB Inspection.

E. DETAIL MODEL **Annex (Cont…)**

Description	Model (7)	Model (8)	Model (9)	Model (10)	Model (11)	Model (12)
Model						
Type (if available)						
Rated Current (A)						
No. of poles						
Icu (kA) at 415Vac						
Ics (kA) at 415Vac						
Icw (kA) at 415Vac						
Built in short circuit protection* (*e.g Yes*)						
Mechanical interlocking (*e.g Yes*)						
Electrical interlocking (*e.g Yes*)						

Remarks:
***** To simulate by using a test kit during ACB Inspection.

E. DETAIL MODEL **Annex (Cont…)**

Description	Model (13)	Model (14)	Model (15)	Model (16)	Model (17)	Model (18)
Model						
Type (if available)						
Rated Current (A)						
No. of poles						
Icu (kA) at 415Vac						
Ics (kA) at 415Vac						
Icw (kA) at 415Vac						
Built in short circuit protection* (*e.g Yes*)						
Mechanical interlocking (*e.g Yes*)						
Electrical interlocking (*e.g Yes*)						

Remarks:
***** To simulate by using a test kit during ACB Inspection.

F	**MANUAL/DOCUMENTS (PLEASE SPECIFY) AND ATTACH RELEVANT DOCUMENT**				
1	Technical specification	☐ Yes	☐ No	☐	
2	Method of Installation	☐ Yes	☐ No	☐	
3	Method of maintenance	☐ Yes	☐ No	☐	

G. PENGESAHAN

Adalah saya …… dengan ini mengesahkan segala keterangan yang diberikan/dikemukakan bagi produk di atas adalah benar. Jika saya didapati membuat pengakuan **PALSU,** maka tindakan seterusnya boleh diambil oleh pihak JKR ke atas diri dan syarikat diwakili oleh saya.

Cop Syarikat :

Tandatangan :

Nama :

Jawatan :

Tarikh :

H. ULASAN (*Untuk Kegunaan Pejabat)*