

Ameren Information Transfer Contractor Feedback Document

Return this Document with the Job Package at the completion of this Project

If there was any information different or unexpected from what was shared at the beginning of this project, please provide the necessary feedback below so that Ameren can update their data and thus provide more accurate information in the future.

Date:	Click here to enter text.	Time:	Click here to enter text.
Contractor	Click here to enter text.		
Scope of Work Performed:	Click here to enter text.		
Substation & Circuit on which work was performed:	Click here to enter text.		

The following four requirements (1, 2a, 2b and 2c) were mandatory to be provided to the contractor. If the system information that we knew at the time was different than what was actually in the field please indicate below. Due to system design/operation there is always the possibility of hazardous induced voltage. All substation grounds are assigned to be minimum 4-0 copper unless it was otherwise identified. If you needed to use different sized please indicate below. Contractors are asked to refer to pole Ameren tagging protocol for condition of distribution poles upon last inspection. If there were any discrepancies in the pole condition identification please indicate below.

1. Voltage and Corresponding MAD (if line is de-energized, tested and grounded, MAD does not apply)

Chart applies to qualified electrical workers only	Minimum Approach Distance (MAD)		Grounding Information	Ground size used and material
	Phase to ground (ft.-in)	Phase to phase (ft.-in)	Minimum Ground Size (Copper)	
<input type="checkbox"/> 0.05 - 0.300	Avoid contact	Avoid contact	NA	
<input type="checkbox"/> 0.301 - 0.750	1-1	1-1	NA	
<input type="checkbox"/> 0.751 - 5.0	2-1	2-1	2/0	
<input type="checkbox"/> 5.1 - 15.0	2-2	2-3	2/0	
<input type="checkbox"/> 15.1 – 36.0	2-7	3-0	2/0	
<input type="checkbox"/> 46.1 - 72.5	3-4	4-0	2/0	
<input type="checkbox"/> 121.1 – 145.0	3-10	4-10	*	
<input type="checkbox"/> 145.1 – 169.0	4-4	5-5	*	
<input type="checkbox"/> 169.1 – 242.0	5-8	8-5	*	
<input type="checkbox"/> 242.1 – 362.0	8-6	13-6	*	

* If stipulated by Ameren Representative, then utilize the following information:

Protective Grounds Fault Current _____ Clearing Times _____ or Size _____

If different than indicated, please explain below.

2. Presence of:

- a. Equipment grounds: [Click here to enter text.](#) _____
- b. Protective (personal) grounds: [Click here to enter text.](#) _____
(if yes, contractor must call dispatch)
- c. Circuits and equipment, including electric supply lines, communication lines and fire-protective signaling circuits: [Click here to enter text.](#) _____

The following four requirements (3a, 3b, 3c and 4) were provided to the contractor if known. Please indicate current condition if different than shared.

3. Condition of:

- a. Equipment grounds: [Click here to enter text.](#) _____
- b. Protective (personal) grounds: [Click here to enter text.](#) _____
- c. Environment relating to safety: [Click here to enter text.](#) _____

4. Information about the design and operation of the installation the contractor needs to know to make appropriate assessments related to safety and to protect their employees or requested by the contractor (ex. abnormal switching conditions): [Click here to enter text.](#) _____

Crew Leader / Contractor Rep. Signature: