Operations Project Authorization Form

Project Title: CT Doble Test Kits	**Project Number: CTTRNDOBLE**
Date Prepared: 08/13/2024	**Company:** Eversource CT
Organization: Operations Services	**Class(es) of Plant:** D Line
Project Initiator: [redacted]	**Project Category:** Lines - General
Project Manager: [redacted]	**Project Type:** Specific
Project Sponsor: [redacted]	**Capital Investment part of original Operating Plan:** Yes
Estimated in service date: 12/31/2024	**Emergency Related Request?** No
Eng./Constr. Resources Budgeted? Choose an item	**Facility Type** (check all that apply)**:** ☐ PTF ☐ non-PTF ☐ Distribution
Total Gross Capital Request: $676,000	**Authorization Type:** Full Funding

Executive Summary

This investment serves to procure multiple sets of Doble Engineering test equipment and accessories to support the development and delivery of a sustained employee hands-on training program on maintenance testing. The selected test equipment is the same equipment used in the field by Substation Operations employees for the various required commissioning and maintenance testing associated with Substation assets.

Project Costs Summary

See APS3 and APS8 requirements and consult with Plant Accounting for capital/O&M determination. Use published loaders for benefits, materials, and invoices, maintained by the Director, Budget and Internal Reporting.
Note: Dollar values are in thousands
For projects with an O&M component necessary for project completion (eg: training), please note in the appendix what those costs will be and the CCC/business area responsible.

Please use project authorization excel cost tables (located on the HUB Accounting Policies & Procedures page) and paste picture with results as shown below:

Capital Costs	Year 2024	Total
Direct Capital Costs		
Internal Labor		$ -
Outside Services		$ -
Materials	650	$ 650
Removals		$ -
Risk and Contingency		$ -
Other		$ -
Subtotal	$ 650	$ 650
Indirect Capital Costs		
Indirect/Overheads (including benefits)	26	$ 26
Capitalized interest or AFUDC, if any		$ -
Subtotal	$ 26	$ 26
Total Capital Project Costs	**$ 676**	**$ 676**

Costs by Entity	11:CL+P - Distribution dba Eversource Energy	Total
Direct Capital	650	$ 650
Indirect Capital	26	$ 26
Removal net of salvage		$ -
Total Capital Project Costs by Entity	**$ 676**	**$ 676**

Technical Justification:

Project Need, Objective and Justification
To meet the needs of the Substation Operations department, an employee training program is to be developed that covers the commissioning and maintenance testing requirements for substation apparatus including power transformers, circuit breakers, protective relays, and other devices. The training program must also apply and include training on the operation of the same test equipment used by Operations for the maintenance testing. The employees to be trained include incumbent and future substation operations electricians and supervisors plus field engineering test specialists and supervisors.

Project Scope
From Doble Engineering Co., procure six (6) F6150SV Power System Simulators and accessories, one (1) M4100 Automated Insulation Analyzer with Software, one (1) M7100 High Voltage Asset Analyzer, one (1) M5500 Sweep Frequency Response Analyzer, one (1) TDR9100-DT Circuit Breaker Test System and accessories, one (1) F6052 Universal Time Synchronizer, and one (1) EZCT-2000C Current Transformer Test Set to be utilized in the maintenance testing training program hands-on lab applications.

Appendix 2
Operations Project Authorization Form

Background
Within the Field Training department, curriculum development projects are in progress to design and develop training programs and materials for employees. The classroom delivery of these materials must be reinforced by hands-on training to comprehensively skill employees for the hands-on tasks assigned when on the job. And further, the hands-on training activities should replicate the actual tasks in the field which includes using the same tools and equipment that are utilized on the job.

Alternatives Considered:

Were alternative solutions considered/applicable? Include any cost/benefit analysis.

Alternatives were considered (please describe below)
The available alternatives do not represent the test equipment approved for the Eversource maintenance tests for which the selected equipment is used. To accurately train and prepare the employees for the associated maintenance work activities, using the same equipment that is approved for use in the field yields the desired and most effective learning outcome.

Regulatory Approvals:

Are Regulatory body approvals needed for the project?
No

If yes, provide detailed regulatory approvals

Project Schedule

Milestone/Phase Name	Estimated Date
Procure Selected Test Equipment	8/31/2024

Risks and Risk Mitigation Plans

List top risks and mitigation plans associated with this project. Include any contingency related to each risk. (Permitting/siting; environmental; outage constraints; customer/community outreach; material delivery; constructability challenges; excavation; etc.)

None

Future Financial Benefits:

If yes, provide a detailed explanation in the appendix section

Choose an item.

References

Appendices (One-Line Diagrams, Images, etc.)

Reference appendices items in the appropriate section of the PAF and list items in the same order as referenced in the PAF

- ***Future Financial Benefits:***

If the project has future financial benefits, please use the following table to provide the yearly amounts. Please use project authorization excel cost tables (located on the HUB Accounting Policies & Procedures page) and paste picture with results as shown below

Future Costs	Year 20__	Year 20__	Year 20__	Year 20__
Capital				$ -
O&M				$ -
Other				$ -
Total Future Costs	**$ -**	**$ -**	**$ -**	**$ -**

Describe the estimated future financial benefits noted above:

What functional area(s) will these benefits be reflected in?_____
A representative from the respective functional area is required to be included as a project approver.

- ***O&M Costs:***

If the project has an O&M component necessary for project completion, please provide those costs in the table below
Please use project authorization excel cost tables (located on the HUB Accounting Policies & Procedures page) and paste picture with results as shown below:

Appendix 2
Operations Project Authorization Form

O&M Project Costs	Year 20__	Year 20__	Year 20__	Year 20__
Labor				$ -
Outside Services				$ -
Materials				$ -
Training				$ -
Other				$ -
Total O&M Related Costs	**$ -**	**$ -**	**$ -**	**$ -**

O&M represents (describe what costs are for):

What functional area(s) will these future costs be funded in (include manager and CCC)?