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|  | **TEST PLAN FORM - SFK** |

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| **About This Form:** | For use when generators are planning to test SFK capability as an approved provider of SFK  Test Plan Forms are to be emailed to: [nmdata@transpower.co.nz](mailto:nmdata@transpower.co.nz) |

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| **Asset Owner Requirements** | * To allow sufficient time for proposed tests to be assessed and agreed by the System Operator Test Plan Forms should be submitted at least 1 day in advance * The Test Plan must be agreed with the System Operator before testing can proceed: * assessment of the plan will be made taking account of potential system security and power quality impacts * a request for a minor change to an agreed time to carry out a test near to real time may be made to the Security Co-ordinator; such a change may be agreed at the discretion of the Security Co-ordinator. | |
| **SO Contact Details** | **Security Co-ordinator**  Email: nmdata@transpower.co.nz  Phone: 0800 488 500 | **Energy Co-ordinator**  Phone 0800 535 123 |

| **Section 1 Asset Owner Contact Information** *(Asset Owner to Complete)* | | | |
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| **Asset Owner Name:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Contact Person:** | Click here to enter text. | **Email:** | Click here to enter text. |

| **Section 2 Test Details** *(Asset Owner to Complete)* | | | | | | |
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| **Asset Owner type** | Generator | **Plant type:** | AC | **Test type:** | SFK Test | |
| **Plant name** | Click here to enter text. | **Date and Time of test:** | [Date of Test] | | **Proposed duration of test** | Click here to enter text. |
| **Details of test and proposed measures by Asset Owner to minimise impact:** | MFK Regulation to be turned off.  SFK test frequency band will be +/- 25 MW & frequency kept nationally or island based depending if FKC is available | | | | | |
| **Asset Owner pre-requisites to perform test** | Appropriate energy offers to be maintained during the test to stay within station Ctrl Min & Max with a +/- 25 MW frequency band. | | | | | |

| **Section 3 Evaluation Conditions***(System Operator to Complete)* | | |
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| **Daily system requirements:** | **At all times:** | System impacts resulting from these tests to be minimised. |
| **2-12 hours prior:** | Testing party must notify Security Co-ordinator that test will be proceeding as planned. |
| **1 hour prior:** | Testing party must receive approval from the Energy Co-ordinator to proceed with the test. |
| **Immediately prior:**  **(test to commence within 1 minute of approval being given)** | Testing party must receive approval from the Energy Co-ordinator to proceed with the test. |
| **Conditions applying to dispatch of asset during this Test Plan/ reduced asset capability:** | Security Coordinator agreement for testing to proceed is subject to suitable system conditions existing at the actual time of the test and may be withdrawn up to and immediately prior to the agreed time of the test should system conditions dictate.    When a test is not undertaken or commenced by the time approved by the System Operator the approval is rescinded and a fresh approval must be obtained before the test is commenced.  All dispatch instructions are to be complied with.  Dispatched bus voltages and MVar set-points must be maintained.  Any changes to the timing/dates or deviation from the agreed Test Plan must be communicated to the Security Co-ordinator | |
| **System pre-conditions and additional comments:** | Click here to enter text. | |