

Clamp-On Resistance Field Report**COMPANY CONFIDENTIAL: Engineering Department****Project Name:** _____**Project Number:** _____**Headquarters**
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Date of Test: _____

Client: _____

Project: _____

Conditions: _____

Test Completed By: _____

Test Method: **Clamp-On**

Test Instrument: _____

Comments:**Testing Results**

Description of test location	Current Reading	Resistance Reading (Ohms)
Test point 1		Ω
Test point 2		Ω
Test point 3		Ω
Test point 4		Ω
Test point 5		Ω
Test point 6		Ω