

DOL STARTER MAINTENANCE CHECKLIST

Complete Preventive Maintenance Guide for Direct-On-Line Motor Starters

EQUIPMENT INFORMATION

Field	Details
Facility/Location:	-----
Equipment ID/Tag:	-----
Motor Rating (HP):	-----
Voltage (V):	-----
Full Load Current (A):	-----
Date of Maintenance:	-----
Technician Name:	-----
Technician Signature:	-----
Next Maintenance Due:	-----

SAFETY PRECAUTIONS

COMPLETE ALL ITEMS BEFORE STARTING MAINTENANCE

- [] Lockout/Tagout (LOTO) procedure completed
- [] Circuit breaker locked in OFF position with warning tag attached
- [] De-energization verified using multimeter/voltage tester

- [] **Personal Protective Equipment (PPE) worn:**
 - [] Safety glasses or face shield
 - [] Insulated gloves (rated for system voltage)
 - [] Safety shoes with non-conductive soles
 - [] Hard hat (if in industrial setting)
- [] **Insulated tools prepared and ready**
- [] **Work area cleared and properly illuminated**
- [] **Equipment cooled down (wait 10-15 minutes after motor run)**

Technician Confirmation: _____ Date/Time: _____

MONTHLY MAINTENANCE CHECKLIST

Perform Every Month or Every 160-170 Operating Hours

1. VISUAL INSPECTION (15 minutes)

- [] **Panel exterior condition** - No cracks, damage, or unauthorized modifications
- [] **Burning or scorching marks** - Check for signs of overheating
- [] **Loose wires or terminals** - All connections appear secure
- [] **Rust or corrosion** - Check metal parts and enclosure
- [] **Unusual discoloration** - Components show normal color
- [] **Enclosure condition** - No cracks in plastic housing
- [] **Warning labels present** - Safety labels intact and readable

Notes: _____

2. DUST AND DEBRIS REMOVAL (10 minutes)

- [] **Cooling vents cleaned** - Using compressed air (≤ 30 psi)
- [] **Component surfaces cleaned** - Dust removed from all surfaces
- [] **Panel interior cleaned** - Interior free of debris
- [] **Stubborn dirt removed** - Used soft brush with compressed air if needed

Notes: _____

3. CONNECTION TIGHTNESS CHECK (15 minutes)

- [] **Input terminals (from main supply)** - Properly tightened

- [] **Output terminals (to motor)** - Properly tightened
- [] **Contactor terminals (L₁, L₂, L₃)** - Properly tightened
- [] **Contactor terminals (T₁, T₂, T₃)** - Properly tightened
- [] **Control circuit connections** - All terminals secure
- [] **Ground/Earth connection** - Securely fastened

Torque Wrench Used: Yes [] No [] **Specified Torque:** _____ N·m

Notes: _____

4. OPERATING TEST (5 minutes)

- [] **Start-stop cycle performed** - Motor operates normally
- [] **No unusual noises** - No clicking, humming, or grinding
- [] **Contactor coil temperature** - Warm but not hot (touch test)
- [] **Motor starts smoothly** - No jerking or hesitation
- [] **Indicator lights functioning** - All lights work properly

Notes: _____

Monthly Maintenance Completed By: _____ **Date:** _____

QUARTERLY MAINTENANCE CHECKLIST

Perform Every 3 Months or Every 500 Operating Hours

1. DETAILED CONTACT INSPECTION AND CLEANING (30 minutes)

Main Contactor Contacts

- [] **Power shutdown and LOTO verified**
- [] **Contactor removed (if design allows)**
- [] **L₁, L₂, L₃ contacts inspected** - Condition: Good Minor pitting Needs replacement
- [] **T₁, T₂, T₃ contacts inspected** - Condition: Good Minor pitting Needs replacement
- [] **Carbon buildup present:** Yes [] No []
- [] **Contacts cleaned using:**
 - [] Pencil eraser (light corrosion)
 - [] Fine emery paper 220-400 grit (moderate oxidation)

- [] Electrical contact cleaner (stubborn contamination)
- [] **Contacts dried completely after cleaning**
- [] **Heavy pitting/welding detected:** Yes [] No [] - *If yes, schedule replacement*

Contact Condition Rating: Excellent Good Fair Poor

Notes: _____

Auxiliary Contacts

- [] **Auxiliary contacts inspected** - Condition: Good Needs cleaning
 Replace
- [] **Holding contact function verified**
- [] **Contact cleaner applied and dried**

Notes: _____

2. OVERLOAD RELAY FUNCTIONAL TEST (20 minutes)

- [] **Manual trip button pressed** - Relay tripped successfully: Yes [] No []
- [] **Contactor released when relay tripped** - Verified: Yes [] No []
- [] **Relay manually reset** - Reset successful: Yes [] No []
- [] **Relay re-engaged properly** - Verified: Yes [] No []
- [] **Current setting verified:** Set at _____ A (should be 100% of motor FLC)
- [] **Bimetallic element inspected** - No cracks or distortion: Yes [] No []

Relay needs recalibration/replacement: Yes [] No []

Notes: _____

3. CONTROL CIRCUIT TESTING (20 minutes)

- [] **Start button tested** - Smooth pressing, clean contacts: Yes [] No []
- [] **Stop button tested** - Immediate response verified: Yes [] No []
- [] **Holding function verified:**
 - [] Pressed start, released quickly
 - [] Motor continued running (holding works)
 - [] Stop button immediately de-energized circuit
- [] **Indicator lamps tested** - All lamps illuminate properly: Yes [] No []
- [] **Control wiring inspected** - No loose or damaged wires: Yes [] No []

Notes: _____

4. LUBRICATION OF MOVING PARTS (15 minutes)

- [] Contactor armature pivot points lubricated
- [] Mechanical interlock mechanism lubricated (if present)
- [] Auxiliary contact pivot points lubricated
- [] Sliding surfaces lubricated
- [] Excess lubricant wiped away with clean cloth

Lubricant Type Used: _____

Important: Do not over-lubricate - excess oil attracts dust

Notes: _____

Quarterly Maintenance Completed By: _____ **Date:** _____

HALF-YEARLY MAINTENANCE CHECKLIST

Perform Every 6 Months or Every 1000 Operating Hours

1. INSULATION RESISTANCE MEASUREMENT (25 minutes)

Equipment Used: Megohmmeter/Insulation Tester

Test Point	Reading (MΩ)	Status
L ₁ to Ground	_____ MΩ	<input type="checkbox"/> Pass (≥1 MΩ) <input type="checkbox"/> Fail
L ₂ to Ground	_____ MΩ	<input type="checkbox"/> Pass (≥1 MΩ) <input type="checkbox"/> Fail
L ₃ to Ground	_____ MΩ	<input type="checkbox"/> Pass (≥1 MΩ) <input type="checkbox"/> Fail
Control Circuit to Ground	_____ MΩ	<input type="checkbox"/> Pass (≥1 MΩ) <input type="checkbox"/> Fail
L ₁ to L ₂	_____ MΩ	<input type="checkbox"/> Pass (≥1 MΩ) <input type="checkbox"/> Fail
L ₂ to L ₃	_____ MΩ	<input type="checkbox"/> Pass (≥1 MΩ) <input type="checkbox"/> Fail

Acceptable Values:

- Minimum: 1 MΩ at room temperature
- Good: 10-50 MΩ
- Excellent: >50 MΩ

Action Required if $<1 \text{ M}\Omega$: Dry out starter in warm environment and retest

Notes: _____

2. ELECTRICAL CONTINUITY TEST (15 minutes)

Equipment Used: Multimeter (continuity function)

- [] **L₁ to T₁ continuity verified** - Resistance: _____ Ω
- [] **L₂ to T₂ continuity verified** - Resistance: _____ Ω
- [] **L₃ to T₃ continuity verified** - Resistance: _____ Ω
- [] **Current balance checked (using clamp meter):**
 - Phase R: _____ A
 - Phase Y: _____ A
 - Phase B: _____ A
 - All phases within 5% of each other: Yes [] No []

Notes: _____

3. EARTH CONNECTION VERIFICATION (10 minutes)

- [] **Earth wire securely connected to panel body** - Verified: Yes [] No []
- [] **Continuity test: Earth terminal to panel frame** - Resistance: _____ Ω
(should be near 0)
- [] **No corrosion at earth connection point** - Clean: Yes [] No []
- [] **Earth connection cleaned if necessary** - Done: Yes [] No [] N/A []

Notes: _____

4. COMPONENT CONDITION ASSESSMENT (30 minutes)

Circuit Breaker (MCCB)

- [] **Visual inspection for wear** - Condition: Good Fair Replace
- [] **Signs of burning or discoloration** - Present: Yes [] No []
- [] **Terminals show corrosion** - Present: Yes [] No []
- [] **Mechanical operation smooth** - Verified: Yes [] No []

Notes: _____

Main Contactor

- [] **Arc damage inside contactor** - Present: Yes [] No []
- [] **Pole face condition** - Clean Dirty Damaged
- [] **Coil condition** - Good Overheating signs Replace

- [] **Mechanical operation smooth** - Verified: Yes [] No []

Notes: _____

Thermal Overload Relay

- [] **Bimetallic element inspected** - Condition: Good Cracked Deformed
- [] **Proper positioning within housing** - Verified: Yes [] No []
- [] **Relay body clean and intact** - Condition: Good Needs cleaning Replace

Notes: _____

Half-Yearly Maintenance Completed By: _____ **Date:** _____

YEARLY MAINTENANCE CHECKLIST

Perform Annually or Every 2000 Operating Hours

1. PROFESSIONAL ELECTRICAL TESTING (1-2 hours)

Qualified Electrician: _____ **License #:** _____

- [] **Contact resistance measurement** - Voltage drop across contacts measured
 - L1 to T1: _____ V (should be <0.5V, concern if >1.5V)
 - L2 to T2: _____ V (should be <0.5V, concern if >1.5V)
 - L3 to T3: _____ V (should be <0.5V, concern if >1.5V)
- [] **Coil resistance verification** - Measured: _____ Ω (compare to manufacturer spec)
- [] **Control circuit voltage measurement** - Voltage: _____ V (within ±10% of rated)
- [] **Thermal imaging performed** - Hot spots detected: Yes [] No []
 - If yes, location: _____
- [] **Comprehensive insulation testing** - All readings within acceptable range: Yes [] No []

Notes: _____

2. COMPONENT REPLACEMENT ASSESSMENT

Component Lifespan Tracking

Component	Installation Date	Age (Years)	Expected Life	Condition	Replace?
Main Contactor	-----	-----	5-7 years	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Overload Relay	-----	-----	3-5 years	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
MCCB	-----	-----	10+ years	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start Button	-----	-----	5-10 years	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stop Button	-----	-----	5-10 years	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Yes <input type="checkbox"/> No

Components Replaced During This Maintenance:

1. _____ (Part #: _____)
2. _____ (Part #: _____)
3. _____ (Part #: _____)

Total Replacement Cost: \$ _____

Notes: _____

3. DOCUMENTATION AND RECORDS (15 minutes)

- [] All test results recorded in maintenance log
- [] Any repairs or component replacements documented
- [] Observed issues or anomalies noted
- [] Next scheduled maintenance date calculated and recorded
- [] Maintenance history reviewed for patterns
- [] Digital photos taken of equipment condition - Count: _____

Patterns or Recurring Issues Identified:

Recommendations for Next Maintenance Cycle:

4. COMPLETE PANEL CLEANING (30-45 minutes)

- **All loose dust and dirt removed** - Using compressed air
- **Exposed surfaces cleaned** - Using clean, dry cloth
- **All fasteners checked and tightened** - Any loose bolts secured
- **Cable routing inspected** - No damage or deterioration detected
- **Panel door hinges and locks lubricated** - Smooth operation verified
- **Ventilation openings clear** - No blockages present

Notes: _____

Yearly Maintenance Completed By: _____ Date: _____

TROUBLESHOOTING LOG

Document Any Issues Found During Maintenance

Date	Issue Description	Cause Identified	Action Taken	Result	Technician
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----

COMMON ISSUES QUICK REFERENCE

Motor Fails to Start

Check: Power supply, circuit breaker, start button, contactor coil voltage

Contactor Chatters

Check: Coil voltage (brownout?), pole face condition, mechanical connections

Overload Relay Trips Frequently

Check: Motor load, relay setting vs. FLC, phase voltage balance, bearing condition

Weak Starting

Check: Contact voltage drop, pole face cleanliness, terminal corrosion

MAINTENANCE TOOLS REQUIRED

- [] Digital Multimeter
- [] Clamp Meter (for current measurement)
- [] Insulation Tester (Megohmmeter)
- [] Compressed Air Supply (\leq 30 psi)
- [] Insulated Screwdriver Set
- [] Emery Paper (220-400 grit)
- [] Electrical Contact Cleaner
- [] Light Machine Oil
- [] Torque Wrench
- [] Non-contact Voltage Tester
- [] Flashlight/Inspection Lamp
- [] Soft Brush
- [] Clean Cloths
- [] Safety Glasses & Insulated Gloves
- [] Lockout/Tagout Devices

ANNUAL MAINTENANCE SUMMARY

Year: _____

Total Downtime for Maintenance: _____ hours

Total Maintenance Cost: \$ _____

Major Repairs/Replacements:

1. _____
2. _____
3. _____

Overall Equipment Condition: Excellent Good Fair Poor

Estimated Remaining Equipment Life: _____ years

Supervisor Review and Approval:

Name: _____ Signature: _____ Date: _____

NOTES AND RECOMMENDATIONS

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IMPORTANT: This checklist should be used in conjunction with manufacturer's maintenance guidelines and applicable safety standards (IEC, NEMA, NFPA 70B).

End of Checklist