

[Registered Entity Name]

NERC ID: [NCRXXXXX]

FAC-008-5 – *Facility Ratings*

[QX] [20XX] Guided Self-Certification Worksheet

# Instructions

1. Populate the cover page by adding your registered entity name, NERC compliance registry (NCR) number, and the quarter and year indicated for the Guided Self-Certification in Align.
2. Complete the tasks listed under Assessment Guidance. Only complete tasks listed for the Requirements and Sections in scope.
   1. Where random sampling is required, use an objective tool such as Microsoft Excel or random.org. If you have questions, reference NERC’s [Compliance Monitoring and Enforcement Manual](https://www.nerc.com/pa/comp/CAOneStopShop/ERO%20Enterprise%20Compliance%20Monitoring%20and%20Enforcement%20Manual%20v6.pdf) (2021 Version 6, p. 151) or contact your Self-Certification lead for assistance.
3. Log into Align and complete your Guided Self-Certification response.
4. Submit the following to the Secure Evidence Locker (SEL):
   1. This completed worksheet; and
   2. Specific evidence requested within this document.
      1. Please use unique file names and identify which file(s) support each conclusion.
      2. Direct references and unique file names facilitate an expedited review of the Guided Self-Certification.
      3. Please annotate clearly in your documentation where each requirement and sub-requirements is addressed.
5. The Guided Self-Certification request in Align includes the monitoring period and the timeframe to perform the assessment and respond.
6. For the purpose of this document all capitalized terms have the meaning ascribed to them in the NERC *Glossary of Terms Used in NERC Reliability Standards* ([Available Here](https://www.nerc.com/pa/Stand/Glossary%20of%20Terms/Glossary_of_Terms.pdf)) unless otherwise indicated.

# Scope of the Self-Certification

The scope of this FAC-008-5 Guided Self-Certification is listed below:

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| FAC-008-5 Requirement | In Scope |
| **R1 (GO)** | *Requirement is included within the scope of this SC* |
| **R2 (GO)** | *Requirement is included within the scope of this SC* |
| **R3 (TO)** | *Requirement is not included within the scope of this SC* |
| **R6 (GO, TO)** | *Requirement is included within the scope of this SC* |

# Assessment Guidance – Compliance

## General:

Please provide a spreadsheet listing the ratings (amps and/or MVA) for each Facility, including normal, emergency, and temperature sensitive ratings as applicable. Please indicate the type of Facility (line, transformer, generator, etc.), voltage (kV), and the most limiting Element.

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| Listing of Ratings | | | | |
| **File Name** | **Document Title** | **Revision**  **Or Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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| Comments: | | | | |

## Requirement 1 (GO only)

* + - 1. Provide documentation for determining the Facility Ratings of solely and jointly owned generator Facility(ies) up to:

1. The low side terminals of the main step up transformer if the Generator Owner does not own the main step up transformer or,
2. The high side terminals of the main step up transformer if the Generator Owner owns the main step up transformer.

Documentation should include nameplates and one-line drawings of the generation facility.

The documentation shall be consistent with the principle that the Facility Ratings do not exceed the most limiting applicable Equipment Rating of the individual equipment that comprises that Facility. Therefore, all Elements must be identified for all series equipment between the generator and the low side terminal or high side bushing. The scope of equipment addressed shall include, but not be limited to the stator, generator terminal leads, bus (including iso-phase, rigid, and stranded bus), disconnects, transformers, breakers, CTs (for monitoring, protection, and metering), and jumpers. WECC does not consider mechanical components as Elements. Mechanical components may be included as part of an Element.

Please ensure documentation includes a spreadsheet listing with the Facility name; equipment type; number identifier (if any), description, voltage (kV), and Rating (A). Please highlight/indicate which device is (1) the most limiting Element and (2) the second most limiting Element.

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| Evidence of Determining Facility Ratings (GO) | | | | |
| **File Name** | **Document Title** | **Revision**  **Or Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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## Requirement 2 (GO only)

**Note**: If the Transmission Owner takes ownership of the Facility from the generator step-up (GSU) transformer to the point of interconnection substation, then work with that group when providing the required documentation.

This requirement is applicable for the Generator Owner’s Elements from the high side bushing of the GSU to the point of interconnection with the Transmission Owner. This Facility is often called the gen-tie or interconnection from the GSU transformer to the Transmission Owner’s substation. Ownership demarcation identification does not satisfy the requirements of the standard. The statement in the requirement that a Facility Rating shall respect the most limiting applicable Equipment Rating of the individual equipment that comprises that Facility does not stop at the demarcation. The derived Facility Rating must consider all Elements of the Facility from the high side bushing of the GSU to the next disconnecting device. This falls under the “jointly owned Facility” section of the standard.

* + - 1. Provide your documented methodology for determining Facility Ratings for your solely and jointly owned Facilities. Documentation should include one-line diagrams, elevation diagrams, and engineering drawings.

Please ensure documentation includes a spreadsheet listing with the Facility name; equipment type; number identifier (if any); description; voltage (kV; Rating (A); ambient temperatures (°F/°C); and duration. Please highlight/indicate which device is (1) the most limiting Element and (2) the second most limiting Element.

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| Evidence of Methodology for Determining Facility Ratings (GO) | | | | |
| **File Name** | **Document Title** | **Revision**  **Or Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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| Comments: | | | | |

## Requirement 3 (TO only)

* + - 1. Provide your documented methodology for determining Facility Ratings for your solely and jointly owned Facilities. Please work with neighboring entities (tie-lines and jointly owned Facilities) to consider all Elements of the Facility and their ratings.

Please ensure documentation includes a spreadsheet listing with the Facility name; equipment type; number identifier (if any); description; voltage (kV; Rating (A); ambient temperatures (°F/°C); and duration. Please highlight/indicate which device is (1) the most limiting Element and (2) the second most limiting Element.

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| Evidence of Methodology for Determining Facility Ratings (TO) | | | | |
| **File Name** | **Document Title** | **Revision**  **Or Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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## Requirement 6 (GO and TO)

Please provide a spreadsheet listing all generator and/or transmission Facilities. This spreadsheet should include all elements of each facility with an identification of the most limiting Element and the associated Facility Rating.

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| Spreadsheet of Generator and/or Transmission Facilities | | | | |
| **File Name** | **Document Title** | **Revision**  **Or Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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Select a random sample from the facilities identified in (R6) step 1, above.

**Generator Owner Sample Set**

If you own the tie line(s) from the generator to the Transmission Owner, please include in the sample. Please provide a representative sample of your generation Facilities (e.g., high profile, RAS, Blackstart, fuel type, voltage levels).

*Thermal and/or hydro generation owners* - Please select up to five generation Facilities. As described above, list all Elements from the generator to the GSU transformer location depending on ownership.

This sample must include all Elements of the Facility including verification of amp ratings. Verification can include nameplates, one-line diagrams, engineering drawing, etc.

*Wind or solar farms* – Please start at the main collector bus of the Facility and end at the point of interconnection substation breaker and Elements around that breaker.

This sample must include all Elements of the Facility including verification of amp ratings. Verification can include nameplates, one-line diagrams, engineering drawing, etc.

**Transmission Owner Sample Set**

Please randomly select up to ten transmission Facilities (total) with the following criteria:

* + Transmission Facilities that represent each voltage category owned in your footprint (115 kV and above).
  + A minimum of three transmission Facilities that are ties with neighboring entities (jointly owned Facilities) for three different neighbors.
  + Remaining Facilities that are part of a WECC Path, IROL, or other critical lines.

The ten selected transmission Facilities must include breaker-to-breaker connections including all protection systems around each breaker, current transformers, jumpers, disconnect switches and line switches.

The sample must include all Elements of the Facility. Include verification of amp ratings for each element. Verification should include nameplates, one-line diagrams, engineering drawing, etc.

Please include single-line diagrams of the sample set that depicts the Elements of each Facility in detail.

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| Evidence for Verifying Sampled Facility Ratings | | | | |
| **File Name** | **Document Title** | **Revision**  **Or Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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Please reference the following guidance when establishing communications and coordination with jointly owned Facilities (tie lines or seams):

* Ownership of Elements should be clearly defined
* All Elements of the Facility should be listed for each entity
* All Elements should have seasonal (or temperature sensitive) Ratings (minimum of summer and winter)
* Most limiting Elements should be clearly defined for each season

# Assessment Guidance – Controls

**Controls Instructions:**

In this section of the document, WECC asks you to identify/describe the internal controls your entity put in place to mitigate the risk(s) addressed by this Standard. When WECC asks you to "provide associated evidence," you should provide any evidence (examples include checklists, processes, procedures, training, sign-in sheets, etc.) demonstrating your entity *created* a control and *implemented* the control.

If you have any questions, please reach out to WECC at [internalcontrols@wecc.org](mailto:internalcontrols@wecc.org).

**Controls Questions:**

1. Describe how your entity identifies and evaluates all your current BES Elements.
   1. What stakeholders are included in the identification process?
   2. What drawings or diagrams do you rely on? How do you ensure they are up to date?
   3. Do you rely on information provided by your vendors? If so, how do you validate that information?
   4. How do you confirm the identification and evaluation are accurate? Are there additional verification steps when contractors are used?

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| Narrative |
| Response:  (a)  (b)  (c)  (d) |

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| Evidence (if available) | | | | |
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1. Describe any field validation you perform (e.g., physical walk-down).
   1. How frequently is field validation performed? Is it scheduled or event driven?
   2. What is the process for updating any discrepancies that are found?

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| Narrative |
| Response:  (a)  (b) |

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1. Describe how your entity tracks changes to Elements that may affect Facility Ratings.
   1. Do the processes differ by the circumstances? (e.g., new Facilities, modified equipment, changes in the field)
   2. What change management controls does your entity have in place for Equipment and Facility Ratings? (authorization, approvals, notifications, etc.)
   3. What controls does your entity have in place to track changes to Equipment and Facility Ratings of neighboring and jointly owned facilities?
   4. How does your entity verify changes are accurately recorded and evaluated?

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| Narrative |
| Response:  (a)  (b)  (c)  (d) |

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| Evidence (if available) | | | | |
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1. Describe data management/asset management systems you use.
2. Does the data management system provide data exchange capability with internal groups that require it?
3. How do you verify data is recorded correctly?

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| Narrative |
| Response:  (a)  (b) |

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| Evidence (if available) | | | | |
| **File Name** | **Document Title** | **Revision/**  **Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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1. How does your entity communicate and coordinate with all applicable planning, protection, and operations departments:
   1. Regarding identified Elements and their Ratings?
   2. Regarding changes to Equipment or Facility Ratings?

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| Narrative |
| Response:  (a)  (b) |

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| **File Name** | **Document Title** | **Revision/**  **Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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1. Describe how your entity coordinates responsibilities between neighboring entities (tie-lines).
   1. What controls does your entity have in place to coordinate with the other entities whose limiting Element may limit your Facility Rating?
   2. What processes does your entity have in place to request and receive data that is needed to determine Facility Ratings?
   3. What processes does your entity have in place to provide data to neighboring entities that is needed to determine Facility Ratings?

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| Narrative |
| Response:  (a)  (b)  (c) |

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| Evidence (if available) | | | | |
| **File Name** | **Document Title** | **Revision/**  **Version** | **Document Date** | **Relevant Page(s) or Section(s)** |
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# Evidence Submittal

Please submit the following evidence with the Guided Self-Certification response to the Secure Evidence Locker (SEL):

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| --- | --- |
| FAC-008-5 Requirement | Evidence |
|  | This completed worksheet  Listing of Ratings |
| **R1 (GO)** | *Requirement is included within the scope of this SC:* Evidence of Determining Facility Ratings |
| **R2 (GO)** | *Requirement is included within the scope of this SC*  Methodology for Determining Facility Ratings |
| **R3 (TO)** | *Requirement is not included within the scope of this SC*  Methodology for Determining Facility Ratings |
| **R6 (GO, TO)** | *Requirement is included within the scope of this SC*  Spreadsheet of Generator and/or Transmission Facilities  Evidence of Verifying Sampled Facility Ratings |
| **As Applicable** | Controls Evidence (if provided in response to any *Assessment Guidance – Controls* questions) |

# Revision Table

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| --- | --- |
| Revision Date | Description of Revision |
| 7/15/2022 | Initial version of FAC-008-5 Guided Self-Certification Worksheet |
| 2/28/2023 | Revisions include:   * Reference to Compliance Monitoring and Enforcement Manual (version 6) * Revised language in *Assessment Guidance – Controls* section * Moved “Evidence Submittal” to end of worksheet * Added Revision Table |