

Highlighted Fields ARE REQUIRED AT MINIMUM.

Sampling & Inspection Report - TRANSFORMERS & REGULATORS		TC #:
<p>Date _____ Technician _____</p> <p><b>Customer Number</b> _____</p> <p>Customer Name _____</p> <p>Sub Name _____</p> <p>Unit No. _____</p> <p>Other _____</p> <p>Mfg By _____ Mfg Date _____</p> <p><b>Serial No.</b> _____</p> <p>kVA _____ Insulation Type: Heat Rise _____ °C</p> <p>High Voltage _____ Delta ___ Wye ___</p> <p>Low Voltage _____ Delta ___ Wye ___</p> <p>Total Weight _____ lbs. _____ kg</p> <p>Transformer Class _____ Energized Y N</p> <p>Impedance _____ %</p> <p>Phase/Cycle: _____ Ph. / _____ Hz</p> <p>_____ Gallons _____ liters</p>	<p><b>(Circle/Check Choices Below)</b></p> <p style="text-align: center;"><b>Tests &amp; Packages</b></p> <p>CriticalPac SilPac OS(D877) PF Metals            PowerPac 1 SilPac Plus DBPC Furan PCB            PowerPac 2 WecPac Reg-Single Reg-Step Reg-Three            Distribution AskPac Natural Ester Pac S-FluidPac</p> <p><input type="checkbox"/> DGA # _____ <input type="checkbox"/> KF (Oil Sample Temp.) _____ °C            (syringe #) (NEEDED FOR % SAT CALCULATION)</p> <p style="text-align: center;"><b>Specialty Testing</b></p> <p>Particle Count* Flash/Fire Point* AGE            Particle &amp; Filming* Viscosity* DP            Corrosive Sulfur* D1816** : 2 mm gap 1 mm gap            Resistivity* Other* : _____</p> <p><b>*Additional Plastic Bottle **D1816: 16 oz Glass, per gap tested</b></p> <p style="text-align: center;"><b>Liquid Type</b></p> <p>Oil FR 3 Beta Env-200            Silicone Biotemp Alpha-1 Other _____            R-Temp Luminol Midel</p> <p><b>Hazmat Shipping Required for the following Liquid Types:</b>            Askarel / Pyranol Wecosol Perclene            Wemco-NF PCB Contaminated Sample &gt;=450 ppm</p> <p style="text-align: center;"><b>Equipment Type</b></p> <p>Transformer Cabinet Pop Top Precipitator Rectifier            GSU WGSU WTSU Auto Transf. Reactor            Regulating Transf. Furnace Induction Furnace            Step Volt. Regulator Other: _____</p> <p style="text-align: center;"><b>Location</b></p> <p><input type="checkbox"/> Outdoor <input type="checkbox"/> Platform _____ ft. high  <input type="checkbox"/> Ground <input type="checkbox"/> Mezzanine _____ ft. high  <input type="checkbox"/> Basement <input type="checkbox"/> Roof _____ ft. high  <input type="checkbox"/> Indoor- Floor # _____ <input type="checkbox"/> Pole _____ ft. high</p> <p style="text-align: center;"><b>Additional Equipment</b></p> <p>Radiators: Yes No Oil Pumps: Yes No            Fans: Yes No LTC Comp: Yes No            H2O Cooled: Yes No</p> <p>Bushing Location: <input type="checkbox"/> Top <input type="checkbox"/> Side <input type="checkbox"/> Top&amp;Side  <input type="checkbox"/> Top Enclosed <input type="checkbox"/> Side Enclosed</p> <p>Valve Extension System: <input type="checkbox"/> None <input type="checkbox"/> Top  <input type="checkbox"/> Bottom <input type="checkbox"/> Top &amp; Bottom</p> <p style="text-align: center;"><b>Servicing Information</b></p> <p>Top FPV _____ in. Valve Plug            Bottom FPV _____ in. Valve Plug            Valve Location: HV Side LV Side            Other Access: <input type="checkbox"/> Bolted Top <input type="checkbox"/> Explosion Vent  <input type="checkbox"/> Top Inspection Plate <input type="checkbox"/> Pressure Relief Device            Other: _____            Hose Length _____ ft. _____ meters            Service On Line: Yes No            Power Available: Yes No            Full-vacuum Rating: Yes No</p> <p>COMMENTS:</p>	
<b>Visual Inspection / Gauge Readings</b>		
<p>Liquid Level: <b>Very Low</b> <b>Low</b> <b>Normal</b> <b>High</b></p> <p><b>Top Liquid Temperature:</b> _____ °C</p> <p>Press./Vac Gauge Reading:  <b>Pressure (+)</b> _____ <b>Vacuum (-)</b> _____</p> <p>Paint: <b>Good</b> <b>Fair</b> <b>Poor</b>            Leaks: <b>No</b> <b>Yes</b>  <b>If Yes, where?</b></p> <p>Additional Information:</p>		
<p><b>Conservator &amp; Breather:</b> <input checked="" type="checkbox"/> one of the following combinations:</p> <p><input type="checkbox"/> Conservator: No / Breather: Free/Desiccant  <input type="checkbox"/> Conservator: No / Breather: Free  <input type="checkbox"/> Conservator: No / Breather: N2 System  <input type="checkbox"/> Conservator: No / Breather: N2 Blanket  <input type="checkbox"/> Conservator: Yes / Breather: Bladder  <input type="checkbox"/> Conservator: Yes / Breather: Free/Desiccant  <input type="checkbox"/> Conservator: Yes / Breather: Free</p> <p>Desiccant Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Replaced</p>		