

Highlighted Fields ARE REQUIRED AT MINIMUM.

Sampling & Inspection Report - TRANSFORMERS & REGULATORS		TC #:
<p>Date _____ Technician _____</p> <p>Customer Number _____</p> <p>Customer Name _____</p> <p>Sub Name _____</p> <p>Unit No. _____</p> <p>Other _____</p> <p>Mfg By _____ Mfg Date _____</p> <p>Serial No. _____</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>(Circle/Check Choices Below)</p> <p style="text-align: center;">Tests & Packages</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;">Specialty Testing</p> <p>Particle Count* Flash/Fire Point* AGE Particle & Filming* Viscosity* DP Corrosive Sulfur* D1816** : 2 mm gap 1 mm gap Resistivity* Other* : _____</p> <p>*Additional Plastic Bottle **D1816: 16 oz Glass, per gap tested</p> <p style="text-align: center;">Liquid Type</p> <p>Oil FR 3 Beta Env-200 Silicone Biotemp Alpha-1 Other _____ R-Temp Luminol Midel</p> <p>Hazmat Shipping Required for the following Liquid Types: Askarel / Pyranol Wecosol Perclene Wemco-NF PCB Contaminated Sample >=450 ppm</p> <p style="text-align: center;">Equipment Type</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;">Location</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;">Additional Equipment</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&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 & Bottom</p> <p style="text-align: center;">Servicing Information</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>	
Visual Inspection / Gauge Readings		
<p>Liquid Level: Very Low Low Normal High</p> <p>Top Liquid Temperature: _____ °C</p> <p>Press./Vac Gauge Reading: Pressure (+) _____ Vacuum (-) _____</p> <p>Paint: Good Fair Poor Leaks: No Yes If Yes, where?</p> <p>Additional Information:</p>		
<p>Conservator & Breather: <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>		