

SAMPLING CHECKLIST



Thank you for trusting SDMyers with your testing needs! As you get your samples and prepare for shipping, please follow this guide to ensure samples are high quality, easily identifiable, and all required information is provided so that you can get the best possible diagnostic information.

Failure to provide All Required Information will result in delays to your order!!

Please Follow This Checklist for your Order:

1. ☐ Provide your **PO Number**, or note alternative form of payment: _____
Payment information is required for processing any samples.
2. ☐ Contact your SDMyers contact if this is a **Rush Order** at 330.630.7000.
3. ☐ Complete the **Liquid Testing Order Form**
4. ☐ **Print Sampling Forms** and fill out for all Assets being Tested
 - a. Use pre-populated forms from Transformer Dashboard:
Make it easy on yourself: Download pre-populated forms for your equipment and save time!

Log in at SDMyers.com

 ▶

Sampling Forms

 ▶

Select Equipment

 ▶

Sampling Form Packet
 - b. Blank forms are available in your Sampling Packet for New Assets from the same location (choose Blank Form Packet to download).
5. ☐ **Follow the Liquid Sampling Instructions** in this packet for all samples
 - a. Sampling should not be performed during rainy weather to ensure analysis accuracy.
 - b. Fill Out **"Sampling & Inspection Form"** (Formerly Field Copy Report) for All Assets!
 - i. **MINIMUM REQUIRED INFO (ORDER WILL BE DELAYED IF NOT PROVIDED):**
Serial#, Sample & Top Temperature (°C), Liquid Type, Equipment Type
 - ii. Fill out the form completely to ensure the most accurate diagnostics
6. ☐ **Prepare your Samples** before Packing and Shipping:
 - a. Ensure All Containers are **Fully Filled** and **Securely Closed**
 - b. Ensure **All Containers are Labeled**, and Syringe Cards are filled out as applicable
 - i. **Required:** Serial# or TC# if available
7. ☐ Package according to **Packing Instructions**
8. ☐ **Ship your Samples** to the Lab
 - a. US Orders -- Attention: LAB, SDMyers, 180 South Ave, Tallmadge OH 44278
 - i. **Important:** DOT / EPA Regulations require special packaging, labeling, and shipping for chlorinated dielectric liquids (e.g. PCB, Askarel, Wecosol).
Contact your SDMyers account representative for assistance.
 - b. International Orders -- Testmark Laboratories 6820 Kitimat Road, Unit #4
Mississauga, ON L5N 5M3, Canada // Phone: 905.821.1112
 - i. **Declare customs value of Less Than \$15 USD** on your documentation.
 - ii. Additional international shipping instructions are available from SDMyers.com in the Resources section under Sampling and Shipping Forms.

LIQUID TESTING ORDER FORM

SDMyers ACTS 4:12

COMPANY NAME		CUSTOMER #	
CONTACT PERSON		PHONE	
ADDRESS			
CITY		STATE	ZIP
SAMPLE DATE		P. O. NUMBER	



REQUIRED CONTAINERS

NO.	QTY	TEST NAME	TEST DESCRIPTION	12 oz	4 oz	SYR	16 oz
4000		CriticalPac	Critical transformers	1	1	1	-
4001		PowerPac1	Non-critical transformers, baseline	1	1	1	-
4002		PowerPac2	Non-critical transformers, ongoing	1	1	1	-
4003		DistributionPac	Distribution-class transformers	1	1	1	-
4004		LTCPac	LTC testing without PC/FC	1	1	1	-
4012		LTC Complete	Load Tap Changers	2	1	1	-
4005		RegPac—Single	Regulators < 500 gallons	1	1	1	-
4006		RegPac—Three	Regulators > 500 gallons	1	1	1	-
4007		RegPac—Step	Step-voltage regulators	1	1	1	-
4008		OCBPac	Oil Circuit Breakers	1	1	1	-
4009		SwitchPac	Switchgear	1	1	1	-
4051		SilPac	Silicone	1	1	1	-
4060		SilPac Plus	SilPac with furanic compounds	1	1	1	-
4010		S-FluidPac	FR3, Biotemp, ENV-200, Midel, Alpha 1	1	1	1	-
4063		Natural Ester Pac	Natural ester critical transformers	1	1	1	-
4064		FR3 Pac Plus	New transformers with FR3	1	1	1	-
4052		AskPac	Askarel package	Hazmat: These liquids require special handling. Please refer to DOT for complete instructions.			
4058		WecPac	Wecosol/Perclene				

NOTE: EACH TEST BELOW REQUIRES THE FOLLOWING ADDITIONAL CONTAINERS.

4041		Liquid Screen (LS)	7 tests of basic fluid quality	1	-	-	-
4042		Dissolved Gas Analysis (DGA)	Measures dissolved gas content	-	-	1	-
4043		Karl Fischer (KF)	Measures moisture content	-	1	-	-
4046		Dissolved Metals (ICP)	Copper, iron, aluminum	1	-	-	-
4047		Inhibitor Content (INH)	Oxidation inhibitor	-	-	1	-
4050		Furans Analysis (FUR)	Paper degradation compounds	-	1	-	-
4054		Liquid Power Factor (LPF)	Measures dielectric losses	1	-	-	-
4067		D1816 Dielectric	Dielectric breakdown voltage	-	-	-	1
4044		PCB—Fluid	Regulatory compliance	1	-	-	-
4048		PCB—Solid	Regulatory compliance	1	-	-	-
4049		PCB—Wipe	Regulatory compliance	1	-	-	-
4025		Corrosive Sulfur	Determines presence or absence	1	-	-	-
4066		PC/FC	Particle count/filming compounds	1	-	-	-
4081		Particle Count	Determines size and number	1	-	-	-



IMPORTANT!

- Use **only** the containers we provide.
- **Remove** desiccant tablet before filling.
- Fill all containers **completely** to the neck.

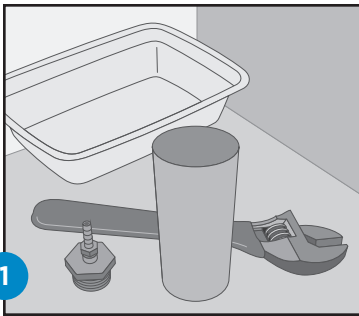
WARNING: All non-compliant samples will be rejected.

LIQUID SAMPLING INSTRUCTIONS

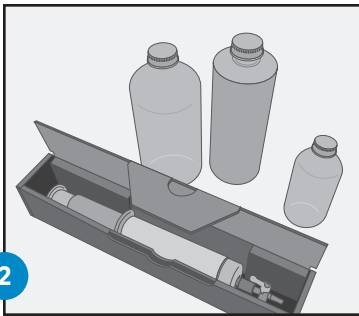
These instructions are intended to provide some basic guidance on drawing your own transformer liquid samples. They assume the reader is familiar with high-voltage transformers, the risks and liabilities involved in working with and/or around energized electrical equipment, the required safety procedures and PPE, regulations including those from OSHA, NESC, and other state and local regulators. **Safety is the number one priority.**

This information is provided for guidance only. SDMyers assumes no responsibility or liability for any use or misuse of this information. **Contact SDMyers at 330.630.7000 with any questions,** or consult a qualified electrical technician.

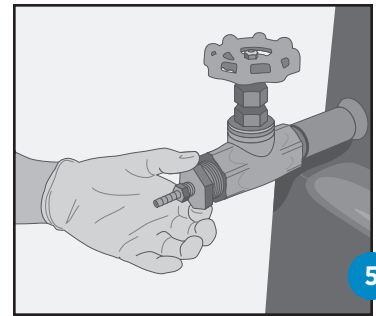
SDMyers provides required sampling containers. Failure to provide liquid samples only in these SDMyers-approved containers may result in the Company's refusal to process your order. Thank you for your understanding and cooperation!



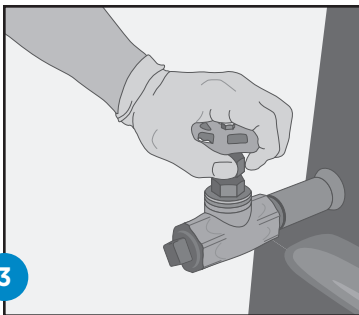
1 Prepare the **tools and supplies** required to complete each step of the liquid sampling process.



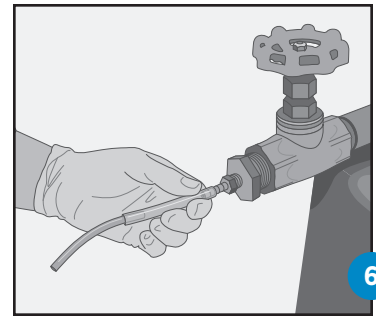
2 Make sure you have the **proper sampling containers** for the tests your are ordering. Please refer to the order form for details.



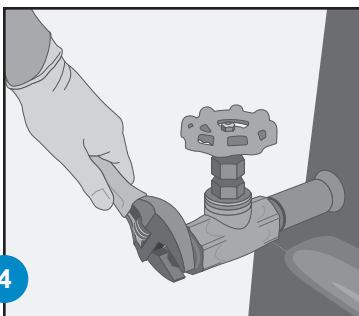
3 Verify that **the valve is shut off** before removing the front plug.



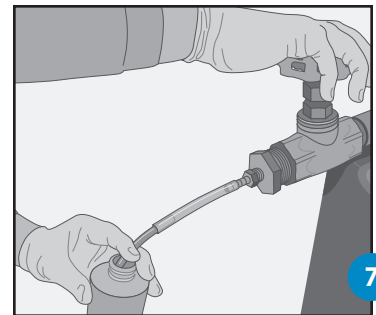
4 **Remove the front plug** and inspect for debris. Wipe the inside of the valve fitting with a clean cloth.



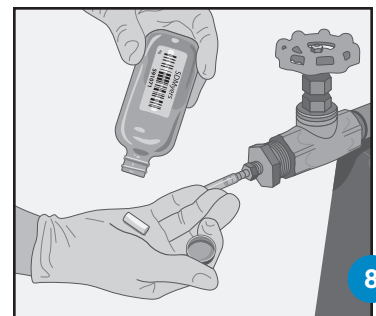
5 **Affix the tubing reducer** to the inside of the clean valve fitting. Tighten with moderate torque.



6 **Flush the valve** as follows: 50 oz. for a 1" valve. 60 oz. for a 2" valve. (Tubing here is optional.)

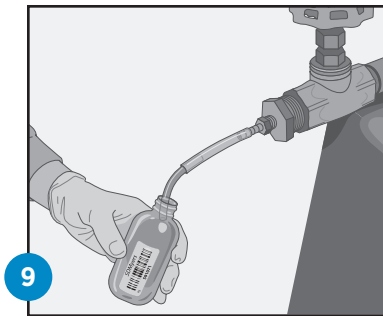


7 **Fill the plastic bottle 2/3 full.** Shake the bottle. Discard the liquid. Fill the bottle to the neck and secure the cap tightly.



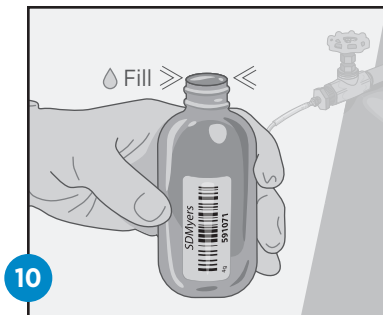
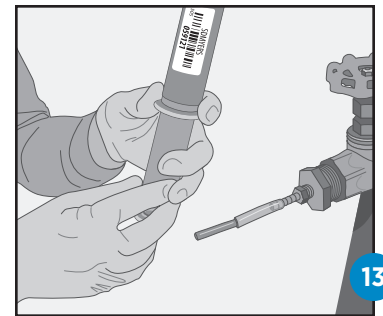
8 **Remove and discard the desiccant tablet** from the glass bottle. (This is an **extremely important** step.)

Failure to provide liquid samples only in SDMyers-approved containers may result in the Company's refusal to process your order. If you have any questions, please contact us at 330.630.7000. Thank you!



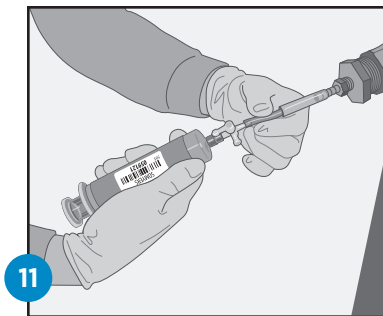
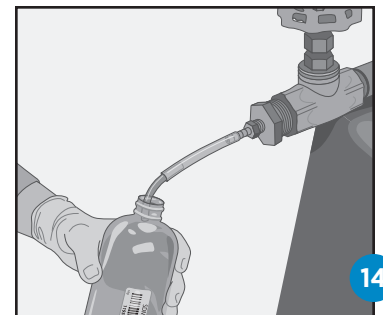
9 Fill the small glass bottle 2/3 full. Shake the bottle. Empty the bottle to discard the liquid.

10 Fill the small glass bottle to the very top. Ensure bottle is **full to the extreme top** of the bottle, and secure the cap very tightly.



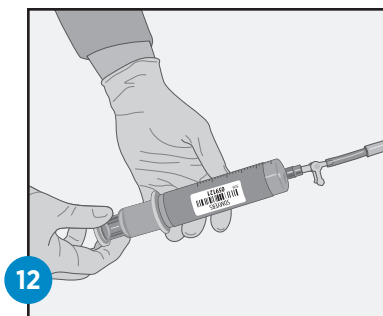
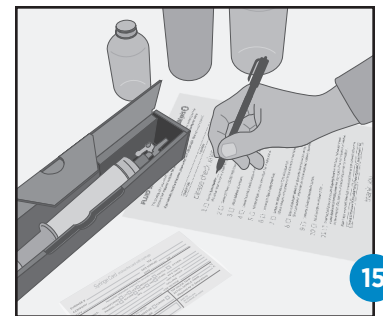
11 Evacuate air from the sampling syringe. Attach the flexible tubing provided inside the syringe box .

12 Draw 50 ml of liquid into the sampling syringe and evacuate the syringe. **Draw another 50 ml of liquid** into the syringe.



13 Hold the syringe upright so that air bubbles rise to the stopcock. Dispel the bubbles. Reduce the volume in the syringe to 42 ml.

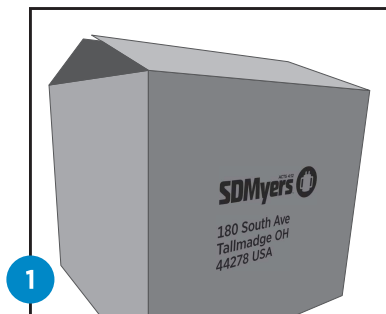
14 Fill the large glass bottle 2/3 full. Shake the bottle. Empty the bottle to discard the liquid. Fill the bottle to the neck. Secure the cap tightly.



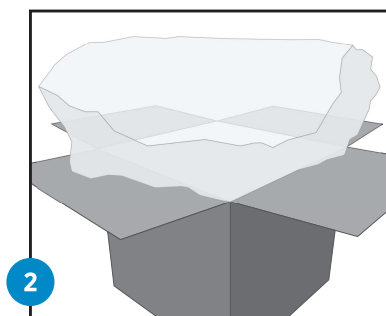
15 Complete all accompanying paperwork thoroughly and accurately. Proceed to **Packing Instructions**.

PACKING INSTRUCTIONS

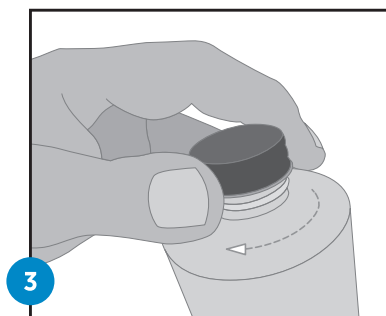
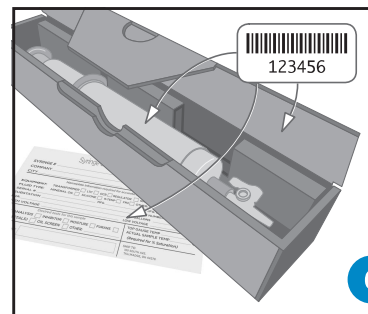
These instructions are provided to make sure your samples will arrive safely to our facility and will be processed successfully. **Improper packing will greatly compromise your samples.** (Unfortunately, we see it all too often.) **If you have any question whatsoever, please contact us at 330.630.7000.** We always welcome your call!



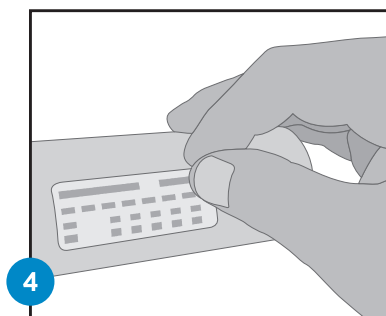
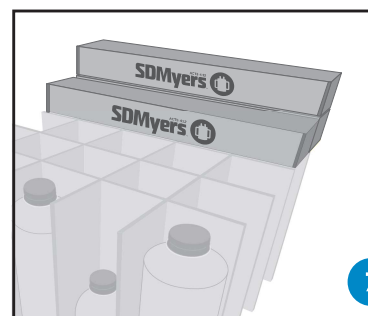
1 Use only **approved shipping cartons** provided by SDMyers. These cartons will accommodate a total of 12 sample kits.



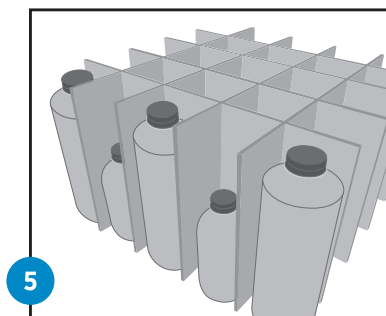
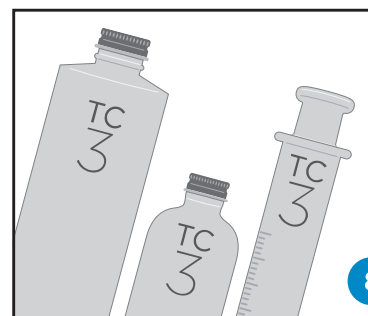
2 Use a **plastic bag** as a liner for the shipping carton to help contain fluid spills in the event of damage during shipping.



3 Be sure to **tighten all bottle caps** securely before loading the bottles into the shipping carton.



4 **Label each bottle properly** so that the samples can be successfully received, identified and processed.



5 **Place all bottles vertically** (upright) in the partitioned slots designated for them in the shipping carton.

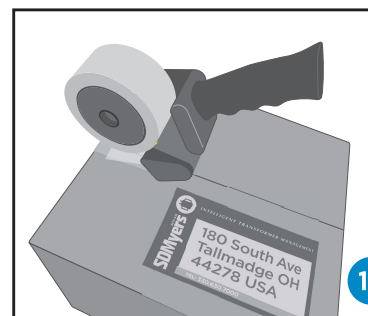
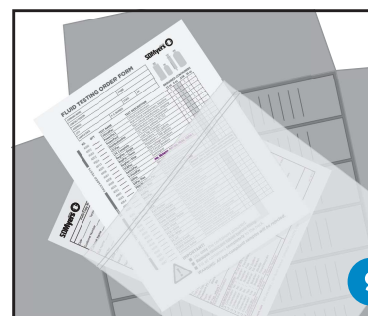
6 **Place all syringes in their respective boxes** (keeping all bar codes matched up) and position them horizontally across the top of the bottles in the bottom tier.

7 **Arrange all bottles and syringes as complete kits** (comprised of a 12-oz bottle, a 4-oz bottle, and a syringe) within the shipping carton.

8 **Do not separate the components** of the sample kits between different shipping cartons.

9 **Include the completed Order Form and Sample Return Checklist** inside a sealed ziplock bag and place it on top of the samples inside the shipping carton.


10 **Secure the shipping carton** with clear packing tape and **place an adhesive address label** on the top surface of the carton.



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> <table style="width: 100%; border: none;"> <tr> <td>CriticalPac</td> <td>SilPac</td> <td>OS(D877)</td> <td>PF</td> <td>Metals</td> </tr> <tr> <td>PowerPac 1</td> <td>SilPac Plus</td> <td>DBPC</td> <td>Furan</td> <td>PCB</td> </tr> <tr> <td>PowerPac 2</td> <td>WecPac</td> <td>Reg-Single</td> <td>Reg-Step</td> <td>Reg-Three</td> </tr> <tr> <td>Distribution</td> <td>AskPac</td> <td>Natural Ester Pac</td> <td colspan="2">S-FluidPac</td> </tr> </table> <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> <table style="width: 100%; border: none;"> <tr> <td>Particle Count*</td> <td>Flash/Fire Point*</td> <td>AGE</td> </tr> <tr> <td>Particle & Filming*</td> <td>Viscosity*</td> <td>DP</td> </tr> <tr> <td>Corrosive Sulfur*</td> <td>D1816**:</td> <td>2 mm gap 1 mm gap</td> </tr> <tr> <td>Resistivity*</td> <td>Other*:</td> <td></td> </tr> </table> <p>*Additional Plastic Bottle **D1816: 16 oz Glass, per gap tested</p> <p style="text-align: center;">Liquid Type</p> <table style="width: 100%; border: none;"> <tr> <td>Oil</td> <td>FR 3</td> <td>Beta</td> <td>Env-200</td> </tr> <tr> <td>Silicone</td> <td>Biotemp</td> <td>Alpha-1</td> <td>Other _____</td> </tr> <tr> <td>R-Temp</td> <td>Luminol</td> <td>Midel</td> <td></td> </tr> </table> <p>Hazmat Shipping Required for the following Liquid Types:</p> <table style="width: 100%; border: none;"> <tr> <td>Askarel / Pyranol</td> <td>Wecosol</td> <td>Perclene</td> </tr> <tr> <td>Wemco-NF</td> <td colspan="2">PCB Contaminated Sample >=450 ppm</td> </tr> </table> <p style="text-align: center;">Equipment Type</p> <table style="width: 100%; border: none;"> <tr> <td>Transformer</td> <td>Cabinet</td> <td>Pop Top</td> <td>Precipitator</td> <td>Rectifier</td> </tr> <tr> <td>GSU</td> <td>WGSU</td> <td>WTSU</td> <td>Auto Transf.</td> <td>Reactor</td> </tr> <tr> <td>Regulating Transf.</td> <td>Furnace</td> <td colspan="3">Induction Furnace</td> </tr> <tr> <td>Step Volt. Regulator</td> <td colspan="4">Other: _____</td> </tr> </table> <p style="text-align: center;">Location</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Outdoor</td> <td><input type="checkbox"/> Platform _____ ft. high</td> </tr> <tr> <td><input type="checkbox"/> Ground</td> <td><input type="checkbox"/> Mezzanine _____ ft. high</td> </tr> <tr> <td><input type="checkbox"/> Basement</td> <td><input type="checkbox"/> Roof _____ ft. high</td> </tr> <tr> <td><input type="checkbox"/> Indoor- Floor # _____</td> <td><input type="checkbox"/> Pole _____ ft. high</td> </tr> </table> <p style="text-align: center;">Additional Equipment</p> <table style="width: 100%; border: none;"> <tr> <td>Radiators:</td> <td>Yes</td> <td>No</td> <td>Oil Pumps:</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>Fans:</td> <td>Yes</td> <td>No</td> <td>LTC Comp:</td> <td>Yes</td> <td>No</td> </tr> <tr> <td>H2O Cooled:</td> <td>Yes</td> <td>No</td> <td colspan="3"></td> </tr> </table> <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</p> <p>Valve Location: HV Side LV Side Other Access: <input type="checkbox"/> Bolted Top <input type="checkbox"/> Explosion Vent</p> <p><input type="checkbox"/> Top Inspection Plate <input type="checkbox"/> Pressure Relief Device</p> <p>Other: _____</p> <p>Hose Length _____ ft. _____ meters</p> <p>Service On Line: Yes No Power Available: Yes No Full-vacuum Rating: Yes No</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		Particle Count*	Flash/Fire Point*	AGE	Particle & Filming*	Viscosity*	DP	Corrosive Sulfur*	D1816**:	2 mm gap 1 mm gap	Resistivity*	Other*:		Oil	FR 3	Beta	Env-200	Silicone	Biotemp	Alpha-1	Other _____	R-Temp	Luminol	Midel		Askarel / Pyranol	Wecosol	Perclene	Wemco-NF	PCB Contaminated Sample >=450 ppm		Transformer	Cabinet	Pop Top	Precipitator	Rectifier	GSU	WGSU	WTSU	Auto Transf.	Reactor	Regulating Transf.	Furnace	Induction Furnace			Step Volt. Regulator	Other: _____				<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	Radiators:	Yes	No	Oil Pumps:	Yes	No	Fans:	Yes	No	LTC Comp:	Yes	No	H2O Cooled:	Yes	No			
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																																																																																															
Particle Count*	Flash/Fire Point*	AGE																																																																																																
Particle & Filming*	Viscosity*	DP																																																																																																
Corrosive Sulfur*	D1816**:	2 mm gap 1 mm gap																																																																																																
Resistivity*	Other*:																																																																																																	
Oil	FR 3	Beta	Env-200																																																																																															
Silicone	Biotemp	Alpha-1	Other _____																																																																																															
R-Temp	Luminol	Midel																																																																																																
Askarel / Pyranol	Wecosol	Perclene																																																																																																
Wemco-NF	PCB Contaminated Sample >=450 ppm																																																																																																	
Transformer	Cabinet	Pop Top	Precipitator	Rectifier																																																																																														
GSU	WGSU	WTSU	Auto Transf.	Reactor																																																																																														
Regulating Transf.	Furnace	Induction Furnace																																																																																																
Step Volt. Regulator	Other: _____																																																																																																	
<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																																																																																																	
Radiators:	Yes	No	Oil Pumps:	Yes	No																																																																																													
Fans:	Yes	No	LTC Comp:	Yes	No																																																																																													
H2O Cooled:	Yes	No																																																																																																
<p style="text-align: center;">Visual Inspection / Gauge Readings</p> <p>Liquid Level: Very Low Low Normal High</p> <p>Top Liquid Temperature: _____ °C</p> <p>Press./Vac Gauge Reading:</p> <p>Pressure (+) _____ Vacuum (-) _____</p> <p>Paint: Good Fair Poor</p> <p>Leaks: No Yes</p> <p>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</p> <p><input type="checkbox"/> Conservator: No / Breather: Free</p> <p><input type="checkbox"/> Conservator: No / Breather: N2 System</p> <p><input type="checkbox"/> Conservator: No / Breather: N2 Blanket</p> <p><input type="checkbox"/> Conservator: Yes / Breather: Bladder</p> <p><input type="checkbox"/> Conservator: Yes / Breather: Free/Desiccant</p> <p><input type="checkbox"/> Conservator: Yes / Breather: Free</p> <p>Desiccant Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Replaced</p>																																																																																																		
<p>COMMENTS:</p>																																																																																																		

Highlighted fields ARE REQUIRED AT MINIMUM.

Sampling & Inspection Report - LTC, OCB, SWITCH, and MISC		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>Manuf. _____ Manuf. Date _____</p> <p>Serial No. _____</p> <p>Model Number _____</p> <p>Tap Changer for TC # _____</p> <p>Voltage _____</p> <p>_____ Gallons _____ liters</p> <p>Selector Range (LTC Only): Lower (-) _____ Raise (+) _____ (usually from -16 to +16) (see EXAMPLE lower right)</p>	<p>(Circle/Check Choices Below)</p> <p style="text-align: center;">Tests & Packages</p> <p>LTC Pac LTC Critical* OCB Pac Switch Pac</p> <p>Particle & Filming* Particle Count*</p> <p>OS(D877) KF Moisture DGA, syringe # _____</p> <p>DBPC PF Furan Metals PCB</p> <p style="text-align: center;">Specialty Testing</p> <p>Corrosive Sulfur* Flash/Fire Point*</p> <p>Resistivity* Viscosity* Other*: _____</p> <p>D1816** 2 mm gap 1 mm gap</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</p> <p>Silicone Biotemp Alpha-1 Hydraulic</p> <p>R-Temp Luminol Midel Other: _____</p> <p>Hazmat Shipping Required for the following Liquid Types:</p> <p>Askarel / Pyranol Wecosol Perclene</p> <p>Wemco-NF PCB Contaminated Sample >=450 ppm</p> <p style="text-align: center;">Equipment Type</p> <p>LTC Arc in Oil LTC Resistor LTC</p> <p>Transfer/Diverter Compartment Selector Compartment</p> <p>DETC Motorized DETC Vacuum LTC</p> <p>OCB Switch Reclosure Disconnect Switch</p> <p>Bushing Drum Stor. Tank DryMax</p> <p>Other: _____</p> <p style="text-align: center;">Misc</p> <p>Silica Gel / Desiccant? Yes No</p> <p>Vacuum Interruptor? Yes No</p> <p>Top FPV _____ in. Valve Plug</p> <p>Bottom FPV _____ in. Valve Plug</p> <p>COMMENTS:</p>	
<p style="text-align: center;">Visual Inspection / Gauge Readings</p> <p>Liquid Level: Very Low Low Normal High</p> <p>Top Liquid Temperature: _____ °C</p> <p>Press./Vac Gauge Reading:</p> <p>Pressure (+) _____ Vacuum (-) _____</p> <p>Paint: Good Fair Poor</p> <p>Leaks: No Yes</p> <p>If Yes, where?</p> <p>Existing Sweep Range (LTC Only): from _____ to _____ (see EXAMPLE to the right)</p> <p>Tap Counter Reading (LTC & SVR Only): _____</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</p> <p><input type="checkbox"/> Conservator: No / Breather: Free</p> <p><input type="checkbox"/> Conservator: No / Breather: N2 Blanket</p> <p><input type="checkbox"/> Conservator: Yes / Breather: Free/Desiccant</p> <p><input type="checkbox"/> Conservator: Yes / Breather: Free</p> <p>Desiccant Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Replaced</p>		
<p style="text-align: center;">EXAMPLE</p> <p style="text-align: center;">Selector Range / Existing Sweep Range</p> <p style="text-align: center;">Lower position (-) Raise position (+)</p> <div style="text-align: center;">  </div> <p>Selector Range: Lower (-) <u>16</u> Raise (+) <u>16</u></p> <p>Existing Sweep Range: from <u>0</u> to <u>+14</u></p> <p>(Do not record the existing hand position.)</p> <p style="text-align: right; font-size: small;">rev. 1/13/22</p>		