

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 SDMyers 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 accuracy.
 - b. Fill Out **“Sampling & Inspection Form”** completely for All Assets!
 - i. MINIMUM REQUIRED INFO (**ORDER WILL BE DELAYED IF NOT PROVIDED**):
Serial#, Sample or 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 **Sampling & Inspection Forms** are filled out:
 - i. **Required:** Serial#
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 #4Mississauga, 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

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



REQUIRED CONTAINERS
12 oz 4 oz SYR 16 oz

PACKAGED TESTS

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

Hazmat: These liquids require special handling. Please refer to DOT for complete instructions.

INDIVIDUAL TESTS

NOTE: EACH TEST BELOW REQUIRES THE FOLLOWING ADDITIONAL CONTAINERS.

NO.	TEST NAME	TEST DESCRIPTION	12 oz	4 oz	SYR	16 oz
4041	Oil Screen	7 tests of basic fluid quality	1	-	-	-
4042	DGA	Dissolved Gas Analysis	-	-	1	-
4043	Karl Fischer	Measures moisture content	-	1	-	-
4046	Dissolved Metals	Copper, iron, aluminum	1	-	-	-
4047	Inhibitor Content	Oxidation inhibitor	-	-	1	-
4050	Furan Analysis	Paper degradation compounds	-	1	-	-
4054	Liquid Power Factor	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.

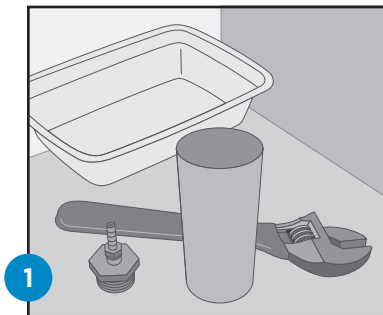
WARNING: All non-compliant samples will be rejected.

LIQUID SAMPLING INSTRUCTIONS

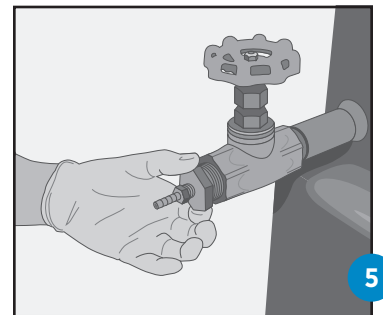
These instructions are intended to provide some basic guidance on drawing your own transformer liquid samples. They assume the reader is familiar with high-voltage transformers, the risks and liabilities involved in working with and/or around energized electrical equipment, the required safety procedures 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.

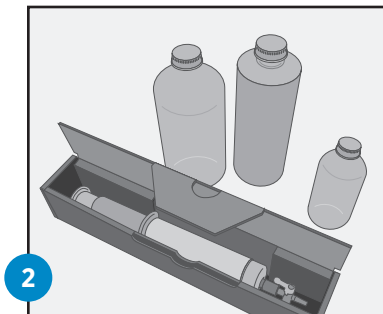
SDMyers provides required sampling containers. Failure to provide liquid samples only in these SDMyers-approved containers may result in the Company's refusal to process your order. Thank you for your understanding and cooperation!



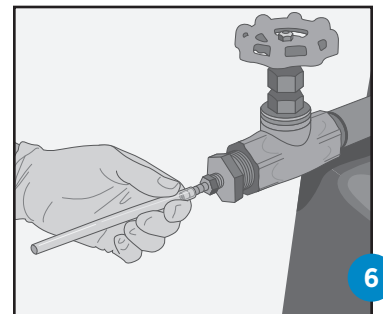
1 Prepare the **tools and supplies** required to complete each step of the liquid sampling process.



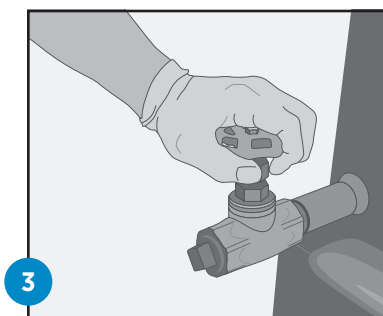
2 Make sure you have the **proper sampling containers** for the tests you are ordering. Please refer to the order form for details.



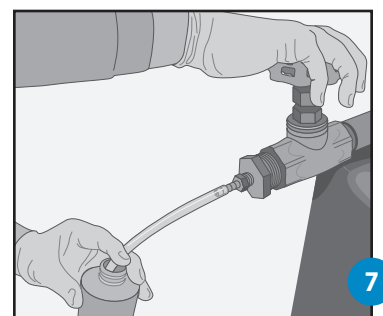
3 Verify that **the valve is shut off** before removing the front plug.



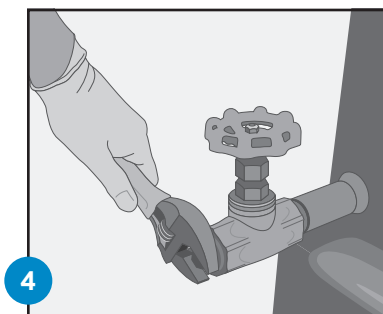
4 **Remove the front plug** and inspect for debris. Wipe the inside of the valve fitting with a clean cloth.



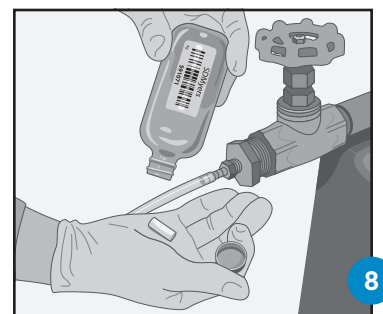
5 **Affix the tubing reducer** to the inside of the clean valve fitting. Tighten with moderate torque.



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



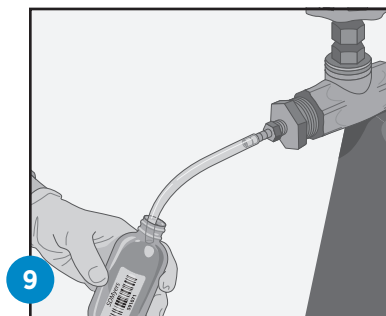
7 **Fill the plastic bottle 2/3 full.** Shake the bottle. Discard the liquid. Fill the bottle to the neck and secure the cap tightly.



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

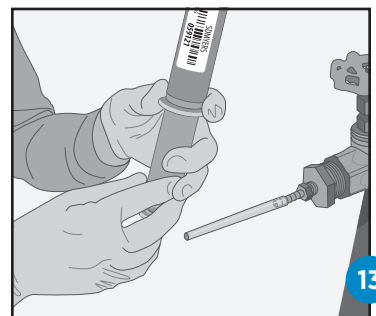
LIQUID SAMPLING INSTRUCTIONS-PAGE 2

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!



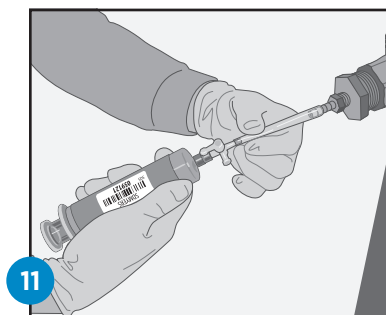
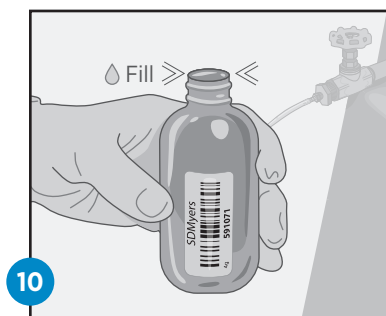
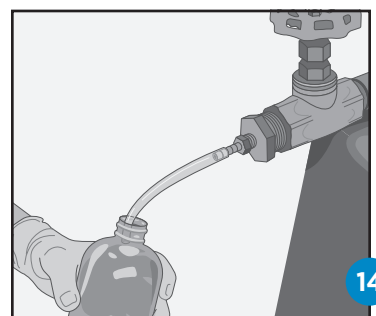
9 Fill the small glass bottle 2/3 full. Shake the bottle. Empty the bottle to discard the liquid.

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.



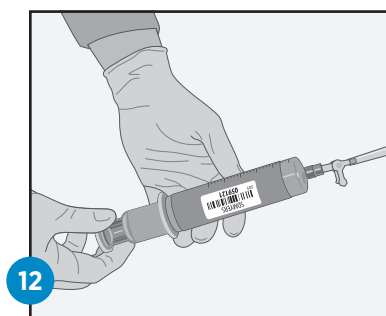
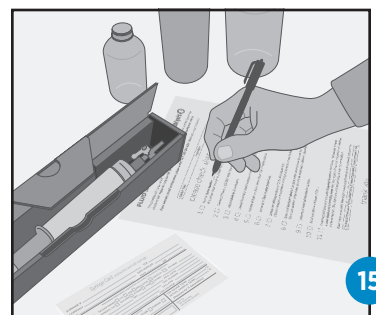
11 Evacuate air from the sampling syringe. Attach the flexible tubing provided inside the syringe box .

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**.

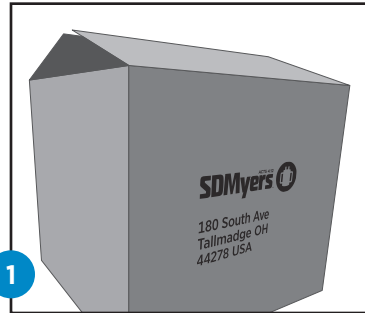
SDMyers ACTS 4:12

SDMyers.com
tel. 330.630.7000

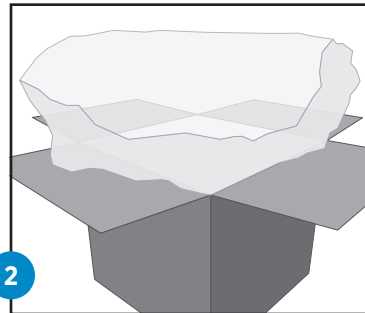
PACKING INSTRUCTIONS

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.)

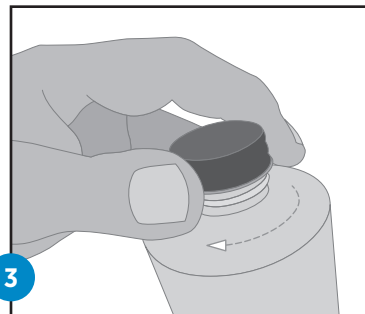
If you have any question whatsoever, please contact us at 330.630.7000. We always welcome your call!



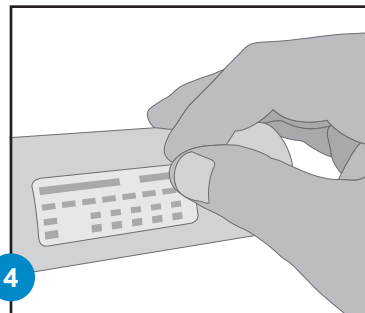
1



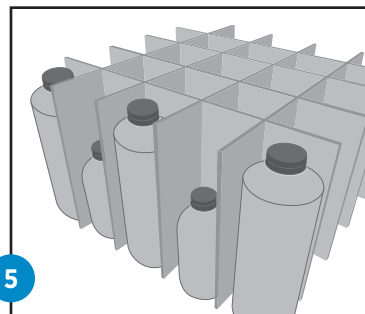
2



3



4



5

1 Use only **approved shipping cartons** provided by SDMyers. These cartons will accommodate a total of 7 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.

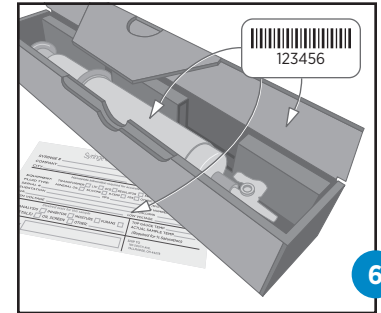
6 **Place all syringes in their respective boxes** (keeping all bar codes matched up) and position them horizontally across the top of the bottles in the bottom tier.

7 **Arrange all bottles and syringes as complete kits** (comprised of a 16-oz bottle, a 12-oz bottle, a 4-oz bottle, and a syringe) within the shipping carton.

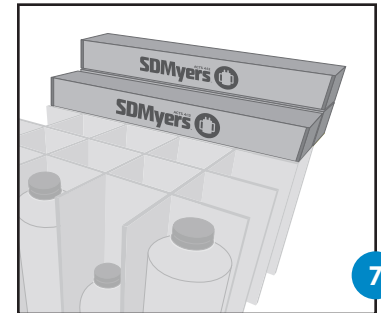
8 **Do not separate the components** of the sample kits between different shipping cartons.

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.

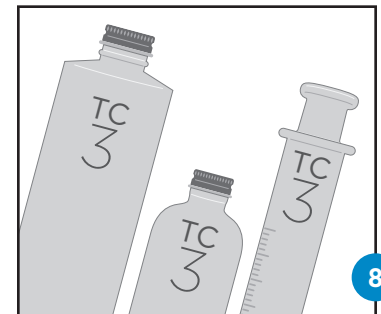
10 **Secure the shipping carton** with clear packing tape and **place an adhesive address label** on the top surface of the carton.



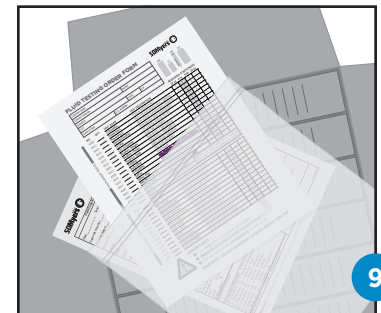
6



7



8



9

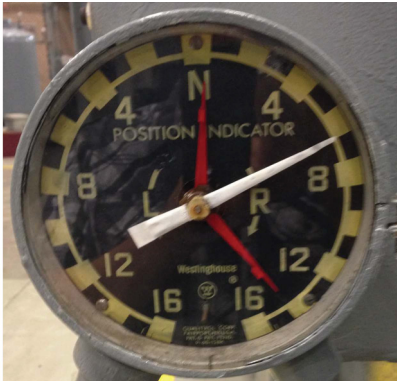


10

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>Mfg By _____ Mfg Date _____</p> <p>Serial No.* _____</p> <p><small>*Testing can not begin without this information.</small></p> <p>kVA _____ Insulation Type: Heat Rise _____ °C</p> <p>High Voltage _____ Delta <input type="checkbox"/> Wye <input type="checkbox"/></p> <p>Low Voltage _____ Delta <input type="checkbox"/> Wye <input type="checkbox"/></p> <p>Total Weight _____ lbs. _____ kg</p> <p>Transformer Class _____ Energized <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Impedance _____ %</p> <p>Phase/Cycle: _____ Ph. _____ Hz</p> <p>Volume: _____ <input type="checkbox"/> Gallons <input type="checkbox"/> Liters</p>	<p>(Circle/Check Choices Below)</p> <p style="text-align: center;">Tests & Packages</p> <p>CriticalPac SilPac LS: D1816 (2mm or 1mm) 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 Sample Temp. _____ °C Syringe Barcode _____ (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* LS: D877 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 VG-100 R-Temp Luminol Midel Other _____</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>Conservator: No / Breather: Free/Desiccant Conservator: No / Breather: Free Conservator: No / Breather: N2 System Conservator: No / Breather: N2 Blanket Conservator: Yes / Breather: Bladder Conservator: Yes / Breather: Free/Desiccant Conservator: Yes / Breather: Free</p> <p>Desiccant Condition: Good Needs Replaced</p>		

Highlighted Fields ARE REQUIRED AT MINIMUM.

Sampling & Inspection Report - LTC. OCB. SWITCH. and MISC		TC#: _____
Date _____ Technician _____ Customer Number _____ Customer Name _____ Sub Name _____ Unit No. _____ Other _____ Manuf. _____ Manuf. Date _____ Serial No.* _____ *Testing can not begin without this information. Model Number _____ Tap Changer for TC# _____ Voltage _____ Volume: _____ <input type="checkbox"/> Gallons <input type="checkbox"/> Liters Selector Range (LTC Only): Lower [-] _____ Raise [+] _____ Energized: <input type="checkbox"/> Yes <input type="checkbox"/> No (usually from -16 to +16) (see EXAMPLE lower right)	(Circle/Check Choices Below) <p style="text-align: center;">Tests & Packages</p> LTC Pac LTC Complete OCB Pac Switch Pac Particle & Filming* Particle Count* LS: D1816 (2mm or 1mm) KF Moisture: Sample Temp _____ °C DGA, Syringe Barcode _____ DBPC PF Furan Metals PCB <p style="text-align: center;">Specialty Testing</p> Corrosive Sulfur* Flash/Fire Point* LS: D877 Resistivity* Viscosity* Other*: *Additional Plastic Bottle **D1816: 16 oz Glass, per gap tested	
	<p style="text-align: center;">Liquid Type</p> Oil VG-100 FR 3 Beta Env-200 Silicone Biotemp Alpha-1 Hydraulic R-Temp Luminol Midel Other _____ Hazmat Shipping Required for the following Liquid Types: Askarel / Pyranol Wecosol Perclene Wemco-NF PCB Contaminated Sample >=450 ppm <p style="text-align: center;">Equipment Type</p> LTC Arc in Oil LTC Resistor LTC Transfer/Diverter Compartment Selector Compartment DETC Motorized DETC Vacuum LTC OCB Switch Reclosure Disconnect Switch Bushing Drum Stor. Tank DryMax Other: _____	
	<p style="text-align: center;">Misc</p> Silica Gel / Desiccant? <input type="checkbox"/> Yes <input type="checkbox"/> No Vacuum Interruptor? <input type="checkbox"/> Yes <input type="checkbox"/> No Top FPV in. <input type="checkbox"/> Valve <input type="checkbox"/> Plug Bottom FPV in. <input type="checkbox"/> Valve <input type="checkbox"/> Plug COMMENTS: _____	
Visual Inspection / Gauge Readings		
Liquid Level: <input type="checkbox"/> Very Low <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> High Top Liquid Temperature: _____ °C Press./Vac Gauge Reading: Pressure(+) _____ Vacuum(-) _____ Paint: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor Leaks: No If Yes, where? _____ Existing Sweep Range (LTC Only): from _____ to _____ (see EXAMPLE to the right) Tap Counter Reading (LTC & SVR Only): _____		
Additional Information: _____		
Conservator & Breather: <input checked="" type="checkbox"/> one of the following combinations: <input type="checkbox"/> Conservator: No / Breather: Free/Desiccant <input type="checkbox"/> Conservator: No / Breather: Free <input type="checkbox"/> Conservator: No / Breather: N2 Blanket <input type="checkbox"/> Conservator: Yes / Breather: Free/Desiccant <input type="checkbox"/> Conservator: Yes / Breather: Free		
Desiccant Condition: <input type="checkbox"/> Good <input type="checkbox"/> Needs Replaced		
<p>EXAMPLE</p> <p>Selector Range / Existing Sweep Range</p> <p>Lower position(-) Raise position(+)</p>  <p>Selector Range: Lower(-) <u>16</u> Raise (+) <u>16</u> Existing Sweep Range: from <u>16</u> to <u>+14</u> (Do not record the existing hand position.)</p>		