

<p>RETURN COMPLETED TO:</p> <p>MAHANGA HOLDINGS LTD 24b WILLIAM PICKERING DRIVE ALBANY (P O BOX 40221 GLENFIELD) AUCKLAND PH 09 444 0663 FAX 09 4156213</p>	<p>SEND REPORT TO:</p> <p>Company: _____</p> <p>Name: _____</p> <p>Email: _____</p>
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Please complete all steps of table below.

Instructions: Please check with your laboratory services provider for preferred sample collection methods.

Flush four litres of oil through the drain valve prior to collecting samples.

PLEASE REMEMBER TO MARK 'DBDS SAMPLE' ON SAMPLE CONTAINERS. THANK YOU.

P.O # (If applicable) _____ Job # _____ Sampled By: _____

Sample Location	(Substation/PHPP)			
Sample Date				
Equipment Number				
Bank and Phase				
Serial Number	(Nameplate)			
Manufacturer	(Nameplate)			
Date of Manufacture	(Nameplate)			
Where Manufactured	(Nameplate)			
KVA Rating	(Nameplate)			
Primary kV	(Nameplate)			
Secondary kV	(Nameplate)			
Tertiary kV	(Nameplate)			
Fluid Volume	(Nameplate)			
Cooling	(Nameplate)			
Core & Coil Weight	(Nameplate)			
Oil Filtered/Unit Serviced	(Yes/No)			

Tests required for diagnostics	Reason for Test
<ul style="list-style-type: none"> • DBDS 	<input type="checkbox"/> Routine Test <input type="checkbox"/> Retest <input type="checkbox"/> This is a return to Service Test <input type="checkbox"/> URGENT