

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

DGA only: Glass Syringe – no bottle

DGA with Additional Tests: Glass Syringe & 1 Litre Bottle

PLEASE REMEMBER TO MARK ‘DGA SAMPLE’ ON SAMPLE CONTAINERS. THANK YOU.

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

Sample Date	(dd/mm/yy)			
Syringe No	From Box			
Sample Location	(Substation/PHP)			
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)			
Common Conservator	(Yes / No)			
Winding Temperature	If Known			
Top Oil Temperature				
Sample Temperature				

Tests required for diagnostics – Syringe Only	Reason for Test
<ul style="list-style-type: none"> ● Dissolved Gas Analysis (IEC-599) 	<ul style="list-style-type: none"> <input type="checkbox"/> Routine Test <input type="checkbox"/> Retest <input type="checkbox"/> This is a return to Service Test <input type="checkbox"/> URGENT
ADDITIONAL Tests if required- Glass Syringe & 1 Litre Bottle required	
<ul style="list-style-type: none"> <input type="checkbox"/> Moisture in Oil (ASTM D1533) <input type="checkbox"/> BDV Break Down Voltage <input type="checkbox"/> Acid Number (ASTM D974) 	<ul style="list-style-type: none"> <input type="checkbox"/> Furans Analysis (ASTM D5837)