

**Mini Suite 1
Transformer Condition
Assessment
Transformer Fluid
Sample Data**

<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: One liter of oil is required to complete all the above tests. Depending on tank volume and oil condition, flush at least one litre (max: four litres) of oil through the drain valve prior to collecting samples. PLEASE REMEMBER TO MARK 'MS 1 SAMPLE' ON SAMPLE CONTAINERS. THANK YOU.

Sample size required: 1 Litre Bottle plus Syringe

P.O # (if applicable) _____ Job No _____ Sampled By: _____

Sample Location	(Substation/PH/PP)			
Syringe #	(From Box)			
Sample Date				
Transformer ID/Number				
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)			
Fluid Preservation	(Free/Sealed/Conservator)			
Cooling	(Nameplate)			
Core & Coil Weight	(Nameplate)			
Oil Filtered/Unit Serviced	(Yes/No)			
Transformer Temperature				
Sample Temperature				
PCB Level (if known)				

Tests required for diagnostics	Reason for Test
<ul style="list-style-type: none"> Dissolved Gas Analysis (ASTM D3612) Dielectric Breakdown (IEC60156) Moisture in Oil (ASTM D1533) Acid Number (ASTM D974) Colour (ASTM D1500) Interfacial Tension (ISO-62) 	<input type="checkbox"/> Routine Test <input type="checkbox"/> Retest <input type="checkbox"/> This is a return to Service Test <input type="checkbox"/> URGENT