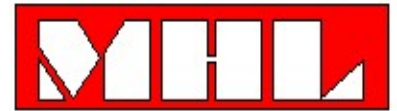




ANALYTICAL SERVICES
INCORPORATED

**MINI SUITE 10
TRANSFORMER FLUID
SAMPLE DATA**



MAHANGA HOLDINGS LIMITED

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

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

Flush at least one (max four) litre(s) of oil through the drain valve prior to collecting samples.

Sample size required: 1 Litre Bottle plus Syringe

PLEASE REMEMBER TO MARK 'MS 10 SAMPLE' ON SAMPLE CONTAINERS. THANK YOU.

P.O # (If applicable) _____ Job # _____ Sample By _____

Sample Date	(dd/mm/yy)			
Syringe Number	(From Syringe Box)			
Sample Location	(Substation/PHPP)			
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	Critical			
Sample Temperature	Critical			

Tests Required for MS 10 Diagnostics	Reason for Test
<ul style="list-style-type: none"> ● Dissolved Gas Analysis (IEC-599) ● Moisture in Oil (IEC-814) ● Dielectric Breakdown (ASTM D-1816) ● Acid Number (IEC-296) 	<input type="checkbox"/> Routine Test <input type="checkbox"/> Retest <input type="checkbox"/> This is a return to Service Test <input type="checkbox"/> URGENT