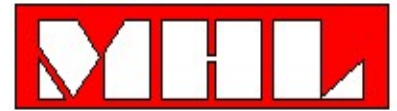




ANALYTICAL SERVICES  
INCORPORATED

**MINI SUITE 4  
TRANSFORMER FLUID  
SAMPLE DATA**



MAHANGA HOLDINGS LIMITED

<b>RETURN COMPLETED TO:</b> <b>MAHANGA HOLDINGS LTD</b> <b>24b WILLIAM PICKERING DRIVE</b> <b>ALBANY</b> <b>(P O BOX 40221 GLENFIELD)</b> <b>AUCKLAND</b> <b>PH 09 444 0663</b>	<b>SEND REPORT TO:</b> 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 4 SAMPLE' ON SAMPLE CONTAINERS. THANK YOU.**

P.O # \_\_\_\_\_ Job # \_\_\_\_\_ Sampled By: \_\_\_\_\_

Sample Date				
Syringe No	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				
Winding Temperature				
Top Oil Temperature				
Sample Temperature				

Tests required for diagnostics	Reason for Test
<ul style="list-style-type: none"> <li>● Dissolved Gas Analysis (IEC-599)</li> <li>● BDV</li> <li>● Colour</li> <li>● Moisture in Oil (IEC-814)</li> <li>● Acid Number (IEC-296)</li> </ul>	<input type="checkbox"/> Routine Test <input type="checkbox"/> Retest <input type="checkbox"/> This is a return to Service Test <input type="checkbox"/> URGENT