

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

PLEASE REMEMBER TO MARK 'PCB 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	(Yes/No)			
Winding Temperature				
Top Oil Temperature				
Sample Temperature				

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