



**REDUCED TASA
TAPCHANGER ACTIVITY
SIGNATURE ANALYSIS
LTC FLUID SAMPLE DATA**



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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Please complete all steps of table below.

PLEASE REMEMBER TO MARK " REDUCED" TASA SAMPLE' AND SYRINGE NUMBER ON SAMPLE CONTAINERS. THANK YOU.

Sample size required: 1 Litre Bottle plus Syringe.

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

Sample Date				
Syringe #	(From Box)			
Sample Location	(Substation/PHPP)			
Equipment Number				
Bank and Phase				
Serial Number	(Nameplate)			
Manufacturer	(Nameplate)			
Model	(Nameplate)			
Tank/Compartment				
Breathing/Ventilation				
LTC Location				
Current Rating				
Fluid Volume				
Counter				
Oil Filtered/Unit Serviced	(Yes/No)			
Xfrmr Oil Temperature				
Sample Temperature				

Tests Required for Diagnostics	Reason for Test
<ul style="list-style-type: none"> ● Dissolved Gas Analysis (IEC-599) ● Particle Profile ● Moisture in Oil (IEC-814) ● Dielectric Breakdown (ASTM D-1816) 	<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	
<input type="checkbox"/> Furans Analysis (ASTM D5837)	