

TRANSFORMER INSPECTION

Customer Name: _____ Date: _____

Sub Name: _____ Technician: _____

Unit No: _____ Other: _____

NAMEPLATE INFORMATION

Manufacturer: _____ Manufacture Date: _____

Serial No. _____ kVA: _____

Insulation Heat Rise: _____ °C Low Voltage: _____ Delta / Wye

High Voltage: _____ Delta / Wye Transformer Class: _____

Total Weight: _____ lbs. _____ kg Phase/Cycle: _____ Ph / _____ Hz

Impedance : _____%

Liquid Type: _____ Gal. _____ Liters _____ kg

GAUGE READINGS & VISUAL INSPECTION

Liquid Level: Low Normal High

Top Liquid Temp : _____ °C

Pressure (+) _____ Vacuum (-) _____

Leaks: Yes No

If yes, where? _____

LOCATION

Outdoor Platform _____ .ft high

Ground Mezzanine _____ .ft high

Basement Roof _____ .ft high

Indoor ___ floor # Pole _____ .ft high

ADDITIONAL EQUIPMENT

Radiators: Yes No

Fans: Yes No

H2O Cooled: Yes No

Oil Pumps: Yes No

N2S: Yes No

LTC Comp: Yes No

Conservator: Yes No

Bushing Location(s): Top Side
 Top Enclosed Side Enclosed

Valve Ext. System(s): None Top Bottom

Top FPV _____ in. _____ Valve _____ Plug

Bottom FPV _____ in. _____ Valve _____ Plug

TESTS & PACKAGES

SS Karl Fischer

PCB OS (D877)

LPF Metals

DBPC Furan

PCB DBPC

DGA (Syringe #): _____

KF (Oil Sample temp.) _____ °C

SPECIALTY TESTING

Particle Count* Flash/Fire Point*

Particle & Filming* Viscosity*

DP Corrosive & Sulfur*

AGE D1816** (1mm 2mm)

Other _____

*Additional plastic bottle required

**16oz bottle required per gap tested

