

CLIENT Name:

<b>Transformer Nameplate Information</b>	<input type="checkbox"/> New <input type="checkbox"/> Change Note: If the apparatus is already in the Doble lab system with the required information just enter the serial number and skip to the sample information section
S/N:	Equipment No.:
Substation:	Transformer Name:
Design Type: <input type="checkbox"/> Core <input type="checkbox"/> Shell Form	Maximum kV:
Manufacturer:	Maximum MVA:
Year of Manufacturer:	Fluid Type: <input type="checkbox"/> Mineral <input type="checkbox"/> Silicone <input type="checkbox"/> Other
Cooling:	XFMR Oil Capacity: _____ <input type="checkbox"/> Gal <input type="checkbox"/> L
Maximum Temperature Rise Rating:	
Preservation System: <input type="checkbox"/> Free Breathing <input type="checkbox"/> Open Conservator <input type="checkbox"/> Sealed or Gas Blanketed <input type="checkbox"/> Closed Conservator	
Equipment Type: <input type="checkbox"/> Power XFMR <input type="checkbox"/> Potential XFMR <input type="checkbox"/> Current XFMR <input type="checkbox"/> Bushing <input type="checkbox"/> Other	

Note: Use Doble OCB sample form for OCB samples

<b>LTC Nameplate Information</b>	<input type="checkbox"/> Free Breathing <input type="checkbox"/> Silica Gel <input type="checkbox"/> Sealed
<input type="checkbox"/> Primary LTC <input type="checkbox"/> Secondary LTC (LTC 2)	<b>If separate tanks:</b>
Manufacturer:	Diverter/Transfer Switch Oil Capacity: _____ <input type="checkbox"/> Gal <input type="checkbox"/> L
Equipment No.:	Diverter/Transfer Tank Type: <input type="checkbox"/> Free Breathing <input type="checkbox"/> Silica Gel
Model:	<input type="checkbox"/> Sealed
LTC Type: <input type="checkbox"/> Break-in-Oil <input type="checkbox"/> Vacuum	Selector Switch Oil Capacity: _____ <input type="checkbox"/> Gal <input type="checkbox"/> L
# of Separate Compartments:	Selector Tank Type: <input type="checkbox"/> Free Breathing <input type="checkbox"/> Silica Gel <input type="checkbox"/> Sealed
If single tank, oil capacity: _____ <input type="checkbox"/> Gal <input type="checkbox"/> L	

<b>Sampling Information (To be completed when taking the sample)</b>		
Syringe and/or Container ID:	Sample Point:	Ambient Temp °C:
Miscellaneous ID:	Apparatus Type:	Humidity:
Secondary Name (Job):	Time:	Top Oil Temp. °C:
Sample Date/By:	Phase:	

**DESIRED TESTS FOR THIS SAMPLE (Circle One: RUSH or ROUTINE)**

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Dissolved Gases in Oil (DGA)   | <input type="checkbox"/> Particle Count      | <input type="checkbox"/> Dielectric Breakdown, D 1816 | <input type="checkbox"/> Sulfur, Corrosive (D 1275B)      |
| <input type="checkbox"/> Comprehensive Screen           | <input type="checkbox"/> Water Content       | <input type="checkbox"/> Dielectric Breakdown, D 877A | <input type="checkbox"/> Sulfur, CCD                      |
| <input type="checkbox"/> DES Screen                     | <input type="checkbox"/> Neut. Number        | <input type="checkbox"/> Dielectric Breakdown, D 877B | <input type="checkbox"/> Passivator Determination         |
| <input type="checkbox"/> 8-Part Screen, D1816, both PFs | <input type="checkbox"/> Interfacial Tension | <input type="checkbox"/> Power Factor 25°C            | <input type="checkbox"/> Filter + Microscopic Examination |
| <input type="checkbox"/> 7-Part Screen, D 1816, 25°C PF | <input type="checkbox"/> Color D1500         | <input type="checkbox"/> Power Factor 100°C           | <input type="checkbox"/> Metals, Dissolved                |
| <input type="checkbox"/> 7-Part Screen, D 877A, 25°C PF | <input type="checkbox"/> Inhibitor Content   | <input type="checkbox"/> Power Factor @ 25°C & 100°C  | <input type="checkbox"/> Metals, Bearing Wear/Particulate |
| <input type="checkbox"/> 7-Part Silicone Screen D 877   | <input type="checkbox"/> PCB Content         | <input type="checkbox"/> Furanic Compounds in Oil     | <input type="checkbox"/> TOPS                             |
| <input type="checkbox"/> Askarel/Perc Screen            | <input type="checkbox"/> LTCare              | <input type="checkbox"/> Furanic Compounds by DI      | <input type="checkbox"/> DP ( for paper only)             |
| <input type="checkbox"/> Mini Screen                    | <input type="checkbox"/> LTCare+             | <input type="checkbox"/> Sludge Precipitation         | <input type="checkbox"/> Other _____                      |

Send samples to:

- Doble Engineering Company, Materials Laboratory, 85 Walnut Street, Watertown, MA 02472 USA
- Doble Engineering Company, Materials Laboratory, 5335 W. Minnesota Street, Indianapolis, IN 46241 USA
- Doble Engineering Company, Materials Laboratory, 2200 Gateway Centre Blvd., Suite 207, Morrisville, NC 27560 USA

