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## TCATM Transformer Condition Assessment Transformer Fluid Sample Data

Document 10.2/Issue 6
TJ|H<sub>2</sub>b ANALYTICAL
SERVICES PTY LTD

ABN 52 096 816 081

Sumple Dutu				
_ ·-			SEND REPORT TO:	
DOCUMENTS TO:				
MAHANGA HOLDINGS LTD			Name:	
24b WILLIAM PICKERING DRIVE				
ALBANY		Email:		
(PO Box 40221 GLENFIELD)			Linan.	
PH 09 444 0663			DI	
FAX 09 444 1526			Phone:	
TAX 09 444 1320			Fax:	
P.O. or Job # (If Applicab	le)	Sampled By:		
Sample Location	(Substation/PH/PP)			
Sample Date	(Substation/11/11)			
Transformer ID/Number				
Serial Number	(Namanlata)			
	(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)			
Fluid Preservation	(Free/Sealed/Conservator)			
Cooling	(Nameplate)			
Core & Coil Weight	(Nameplate)			
Oil Filtered/Unit Serviced	(Yes/No)			
Transformer Temperature				
Oil Sample Temperature				
PCB Level (if known)				
Turnaround Time	Routine (5-10 days)			
Required	Urgent (24hrs)			
Tick appropriate boxes to indicate required tests:				
TRANSFORMER CONDITION ASSESSMENT (TCA) PACKAGE TESTS:				
☐ Dissolved Gas Analysis (ASTM D3612) ☐ Moisture in Oil (ASTM D1533)				
Dielectric Breakdown (IEC60156)			☐ Acid Number (ASTM D974)	
☐ Interfacial Tension (ASTM D971)			□ Colour (ASTM D1500)	
☐ Particle Count			☐ Dielectric Dissipation Factor at 25degC (IEC 60247)	
			☐ Oxidation Inhibitor (ASTM D2668)	
ADDITIONAL TESTS:				
☐ Dielectric Dissipation Factor at 90degC (IEC 60247) ☐ Resistivity (IEC 60247)				
□ PCB Content			☐ Corrosive Sulphur (IEC 65235)	
Others: please specify				
<b>Instructions</b> : One litre of oil is required to complete all the above tests. Depending on tank volume and oil				
condition, flush at least one litre (max: four litres) of oil through the drain valve prior to collecting samples.				
PLEASE REMEMBER TO MARK 'TCA SAMPLE' ON SAMPLE CONTAINERS. THANK YOU.				
Mahanga Holdings Limited Email: Adam.Slater@mhl.co.nz		Reason for Test (tick appropriate box)		

**□** Routine Test

☐ This is a Return to Service Test

□ Retest