



For Lab Use Only	
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Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 P.O.#: \_\_\_\_\_ Project ID: \_\_\_\_\_  
 Special Requests: \_\_\_\_\_

<input checked="" type="radio"/> Routine	<input type="radio"/> Rush
Date Needed: _____	
Date Sampled: _____	
Sampled By: _____	
Syringe #: _____	
Bottle #: _____	

EQUIPMENT	<input type="radio"/> Transformer	<input type="radio"/> Conservator	<input type="radio"/> Main(Bottom)	<input type="radio"/> Top	<input type="radio"/> Container	<input type="radio"/> Drum	<input type="radio"/> Tanker	<input type="radio"/> Network	<input type="radio"/> Switch	<input type="radio"/> Box
	<input type="radio"/> OCB				<input type="radio"/> Bushing			<input type="radio"/> Potential Transformer		
	<input type="radio"/> LTC	<input type="radio"/> Selector	<input type="radio"/> Common	<input type="radio"/> Transfer	<input type="radio"/> Regulator			<input type="radio"/> Wind Power Transformer	<input type="radio"/> Grd Std	
		<input type="radio"/> Line End	<input type="radio"/> Neutral End		<input type="radio"/> Recloser			<input type="radio"/> InterTie	<input type="radio"/> Grd ZigZag	<input type="radio"/> StepUp
		LTC Model: _____			<input type="radio"/> Recloser			<input type="radio"/> Transformer / Rectifier for Electrostatic		
P	# of Operations (LTC and OCB only) _____			<input type="radio"/> Cable			<input type="radio"/> Rectifier -- Other			
M	Equipment Location: _____			Serial No.: _____		Equipment ID: _____				
S	<input type="radio"/> Mineral Oil <input type="radio"/> Silicone <input type="radio"/> Cable Oil <input type="radio"/> Askarel <input type="radio"/> Natural Ester Type (i.e. BioTemp, Envirotemp FR3, Midel eN 1204, Midel eN 1215) _____									
A	<input type="radio"/> Synthetic Ester <input type="checkbox"/> Envirotemp®200 <input type="checkbox"/> MIDEL 7131 <input type="checkbox"/> Other _____ <input type="radio"/> LFH <input type="checkbox"/> R-Temp® <input type="checkbox"/> Other									
M	<input type="radio"/> Perchloroethylene <input type="checkbox"/> WECOSOL <input type="checkbox"/> Transclean <input type="checkbox"/> Other _____ <input type="radio"/> Other									

<b>BREATHING</b>	<input type="radio"/> Sealed	<input type="radio"/> Conservator	<input type="radio"/> Free Breathing / Vented	<input type="radio"/> Unknown	
<b>STATE</b>	<input type="radio"/> In Service	<input type="radio"/> New Oil (Bulk Only)	<input type="radio"/> Processed	<input type="radio"/> Reclaimed	<input type="radio"/> New Equipment

Manufacturer		KVA		Impedance	
Year		Bank		Phase	
Volume		kV Low		Sample Temp.(°C)	
	<input type="radio"/> US Gallons <input type="radio"/> Imp. Gallons <input type="radio"/> Liters	kV High		Known PCB Content (ppm)	

### Equipment and Dielectric Fluid Quality

<b>Transformer Oil Analysis Test Packages</b> Choose One Level Below – <input type="checkbox"/> Basic (ASTM D3612C, D1533, D971, D974, D1500/D1524, D1816, & D4052) <input type="checkbox"/> Enhanced (All Tests in "Basic" Plus ASTM D924 @ 25°C & D2668) <input type="checkbox"/> Comprehensive (All Tests in "Enhanced")		<b>Analysis Listed Individually</b> <input type="checkbox"/> Dissolved Gas Analysis (ASTM D3612C) <input type="checkbox"/> Resistivity (ASTM D1169) <input type="checkbox"/> 100°C <input type="checkbox"/> 25°C <input type="checkbox"/> Color # / Visual (ASTM D1500/D1524) <input type="checkbox"/> Color # / Visual (ASTM D2129/D1524) <input type="checkbox"/> Specific Gravity <input type="checkbox"/> ASTM D4052 <input type="checkbox"/> ASTM D1298 <input type="checkbox"/> Moisture in Oil (ASTM D1533) <input type="checkbox"/> Dielectric Breakdown (ASTM D1816) <input type="checkbox"/> 1mm <input type="checkbox"/> 2mm <input type="checkbox"/> Dielectric Breakdown (ASTM D877) <input type="checkbox"/> Power Factor (ASTM D924) <input type="checkbox"/> 25°C <input type="checkbox"/> 100°C <input type="checkbox"/> Other <input type="checkbox"/> Interfacial Tension (ASTM D971) <input type="checkbox"/> Acid Number (ASTM D974) <input type="checkbox"/> Corrosive Sulfur <input type="checkbox"/> ASTM D1275(copper) <input type="checkbox"/> ASTM D1275(silver) <input type="checkbox"/> IEC62535 (CCD) <input type="checkbox"/> Other _____		<input type="checkbox"/> Furan Analysis (ASTM D5837) <input type="checkbox"/> Methanol / Ethanol (Weidmann) <input type="checkbox"/> Carbonyls (WDS) <input type="checkbox"/> Oxidation Inhibitor (ASTM D2668) <input type="checkbox"/> PCB (EPA 8082a /ASTM D4059) <input type="checkbox"/> Viscosity (ASTM D445) <input type="checkbox"/> 40°C <input type="checkbox"/> Other <input type="checkbox"/> Fire Point (ASTM D92) <input type="checkbox"/> Flash Point (ASTM D92) <input type="checkbox"/> Microscopic Evaluation (WDS) <input type="checkbox"/> Particle Count (ASTM D6786) <input type="checkbox"/> Passivator (IEC 60666) <input type="checkbox"/> Pour Point (ASTM D97) <input type="checkbox"/> Refractive Index (ASTM D1807) <input type="checkbox"/> Sediment & Soluble Sludge (ASTM D1698) <input type="checkbox"/> Metals-Fault (ASTM D7151) <input type="checkbox"/> All (or pick below) <input type="checkbox"/> Ag <input type="checkbox"/> Al <input type="checkbox"/> Cu <input type="checkbox"/> Fe <input type="checkbox"/> Pb <input type="checkbox"/> Si <input type="checkbox"/> Sn <input type="checkbox"/> Zn <input type="checkbox"/> Metals-Wear (ASTM D7151) (18 Metal Package) <input type="checkbox"/> DBDS (IEC 62697)	
<b>Diagnostic Evaluation Packages</b> <ul style="list-style-type: none"> <li>• Network System Diagnostic Evaluation</li> <li>• Transformer Diagnostic Evaluation</li> <li>• Regulator Diagnostic Evaluation</li> <li>• ESP TR Diagnostic Evaluation</li> <li>• LTC Diagnostic Evaluation</li> <li>• OCB Diagnostic Evaluation</li> </ul> <i>Diagnostic Evaluation Package or Sulfur Hexafluoride (SF6) Analysis require a different sample submission form. Please contact your AVO representative for the correct form.</i>		<b>Solid Insulation</b> <input type="checkbox"/> Degree of Polymerization (IEC 60450) <input type="checkbox"/> Moisture in Cellulose (IEC 60814)			
Notes: _____					