**Sample Data Sheet**

Evaluation Type (select one):

|  |  |
| --- | --- |
| **Voltage Regulator Diagnostic Evaluation** |  |
| **ESP\* Transformer Rectifier Diagnostic Evaluation** |  |

\* Electrostatic Precipitator

|  |  |
| --- | --- |
| Oil Tests & Diagnostic Package includes: | DGA (ASTM D3612), Moisture (ASTM D1533), IFT (ASTM D971), Color (ASTM D1500), Visual (ASTM D1524), Acid Number (ASTM D974) Dielectric Breakdown (ASTM D1816), and diagnostic analysis of results. |

Company Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name & Billing Address | **P.O. Number:** |  | Comments |
|  | **Job Number:** |  |  |
|  | **Contact Person:** |  |  |
|  | **Send Reports To:** |  |  |
|  |  |  |  |
|  |  |  |  |

Oil Sample Information: (maximum of 3 oil samples per data sheet)

|  |  |  |  |
| --- | --- | --- | --- |
| Date Oil Sampled |  |  |  |
| Sampling Technician |  |  |  |
| **Equipment Location** |  |  |  |
| Phase / Bank No. | / | / | / |
| **Equipment Name/ID** |  |  |  |
| **Other Name/ID** |  |  |  |
| **DGA Syringe No.** |  |  |  |
| **Oil Quality Bottle No.** |  |  |  |
| **Serial No.** |  |  |  |
| **Manufacturer** |  |  |  |
| **Year Manufactured** |  |  |  |
| **kV High** |  |  |  |
| **kV Low** |  |  |  |
| **KVA** |  |  |  |
| **Breathing Configuration** | Sealed  Vented | Sealed  Vented | Sealed  Vented |
| Oil Type | Mineral /Silicone /Other | Mineral /Silicone /Other | Mineral /Silicone /Other |
| Oil Volume | Gallons Liters | Gallons Liters | Gallons Liters |
| **Oil Temperature (oC)** |  |  |  |
| **Oil PCB Content (ppm)** |  |  |  |
| *For Laboratory Use Only* |  |  |  |

**Return containers and oil samples to:**

AVO Diagnostic Services.

110 7304 30th Street S.E., Calgary AB, Canada T2C 1W2

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