



AVO Diagnostic Services  
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 www.avodiagnosics.com

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"/> Transformer <input type="radio"/> OCB <input type="checkbox"/> <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 Precipitator # of Operations (LTC and OCB only) _____ <input type="radio"/> Rectifier -- Other <input type="radio"/> Solar Collector T <input type="radio"/> Conservator <input type="radio"/> Main(Bottom) <input type="radio"/> Top <input type="radio"/> Solar Inverter T <input type="radio"/> Solar Ground T <input type="radio"/> Main(Bottom) <input type="radio"/> Top <input type="radio"/> Other _____
	Equipment Location: _____ Serial No.: _____ Equipment ID: _____

SAMPLE	<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) _____ <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 _____ <input type="radio"/> Perchloroethylene <input type="checkbox"/> WECOSOL <input type="checkbox"/> Transclean <input type="checkbox"/> Other _____ <input type="radio"/> Other _____
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<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 Fluid Quality		
<b>Transformer Fluid Analysis Test Packages</b> <input type="checkbox"/> Basic (ASTM D3612C, D1533, D971, D974, D1500/D1524, D1816, & D4052) Oil, Ester <input type="checkbox"/> Enhanced ("Basic" Plus ASTM D924 @ 25°C & D2668) Mineral Oil Only <input type="checkbox"/> Comprehensive ("Enhanced" Plus ASTM D6786 & D5837) Mineral Oil Only. <input type="checkbox"/> Silicone (ASTM D3612C, D1533, D974, D2129/D1524, D21816, & D4052) <input type="checkbox"/> Ester Enhanced ("Basic" Plus ASTM D924@25°C) <input type="checkbox"/> Ester Comprehensive ("Ester Enhanced" Plus (ASTM D6786 & D5837)	<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) (oil, esters) <input type="checkbox"/> Color # / Visual (ASTM D2129/D1524) (Silicone, Askarel, and Perc Only) <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"/> Furan Analysis (ASTM D5837) <input type="checkbox"/> Methanol / Ethanol (ASTM D806 ) <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"/> _____ <input type="checkbox"/> Fire Point (ASTM D92) <input type="checkbox"/> Flash Point (ASTM D92) <input type="checkbox"/> Microscopic Evaluation (AVO Diagnostics) <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)
Notes : _____	<input type="checkbox"/> Other _____	<b>Solid Insulation</b> <input type="checkbox"/> Degree of Polymerization (IEC 60450) <input type="checkbox"/> Moisture in Cellulose (IEC 60814)