



CUSTOMER INFORMATION

BILLING INFORMATION

Same

Contact Name _____ Account # _____
Company _____
Address _____
City, State, Zip _____
Phone/Fax/Email _____

Contact Name _____ P.O. # _____
Company _____
Address _____
City, State, Zip _____
Phone/Fax/Email _____

POWER TRANSFORMER PACKAGES

NTT TechCheck™

<input type="checkbox"/> 1 - BASIC DGA & Oil Screen Cylinder/Syringe+16oz.bottle •DGA Plus™ •Moisture •Acid •IFT •Color No. •Visual Exam •Dielectric D1816	<input type="checkbox"/> 2 - ANNUAL Routine Maintenance Cylinder/Syringe+16oz.bottle •DGA Plus™ •Moisture •Acid •IFT •Color No. •Visual Exam •Dielectric D1816 •Specific Gravity •Power Factor 25°C	<input type="checkbox"/> 3 - BASELINE Newly Filled Equipment Cylinder/Syringe+16oz.bottle •DGA Plus™ •Moisture •Power Factor 100°C •Acid •Metal Content •IFT •PCB Content •Color No. •Furanic Analysis •Visual Exam •Dielectric D1816 •Specific Gravity •Power Factor 25°C	<input type="checkbox"/> 4 - FULL ANALYSIS Comprehensive/Investigative Cylinder/Syringe+2x16oz.bottle •DGA Plus™ •Moisture •Power Factor 100°C •Acid •Viscosity •IFT •Metal Content •Color No. •PCB Content •Visual Exam •Furanic Analysis •Dielectric D1816 •Oxidation Inhibitor •Specific Gravity •Power Factor 25°C
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<input type="checkbox"/> Dissolved Gas Analysis-DGA Plus™	D3612A	50 ml	1.7 oz
<input type="checkbox"/> Moisture in Oil	D1533B	20	0.7
<input type="checkbox"/> Interfacial Tension (IFT)	D971	40	1.4
<input type="checkbox"/> Acid Number	D974	12	0.4
<input type="checkbox"/> Color Number & Visual Examination	D1524	5	0.2
<input type="checkbox"/> Dielectric Breakdown Voltage	D877	200	7
<input type="checkbox"/> Dielectric Breakdown Voltage 0.04"	D1816	500	17
<input type="checkbox"/> Dielectric Breakdown Voltage 0.08"	D1816	500	17
<input type="checkbox"/> Power Factor @ 25°C <input type="checkbox"/> @ 100°C	D924	100	3.7
<input type="checkbox"/> Specific Gravity	D1298	11	0.4
<input type="checkbox"/> Kinematic Viscosity	D445	7	0.3
<input type="checkbox"/> Oxidation Inhibitor	D2668	7	0.3
<input type="checkbox"/> Flash Point <input type="checkbox"/> Fire Point	D92	75	2.0
<input type="checkbox"/> Trace Silicone in Mineral Oil	D2144	7	0.3 oz
<input type="checkbox"/> PCBs-in-Oil	EPA 600-4-81-045	7	0.3
<input type="checkbox"/> Metals(7 Metals:Ag,Al,Cu,Fe,Pb,Sn,Zn)	D3635	5	0.2
<input type="checkbox"/> Furfural Analysis	D5837	20	0.7
<input type="checkbox"/> Corrosive Sulphur	D1275	240	8
<input type="checkbox"/> Laser Particle Count	ISO	100	3.7
<input type="checkbox"/> Other _____			

LTC-OCB-REGULATOR-RECTIFIER PACKAGES

<input type="checkbox"/> 1 - BASIC •DGA Plus™ •Moisture •Acid •IFT •Color No. •Visual Exam •Dielectric D1816	<input type="checkbox"/> 2 - ANNUAL •Package #1 •Specific Gravity •Power Factor 25°C <input type="checkbox"/> 3 - BASELINE •Package #2 •Power Factor 100°C •Metal & PCB Content	<input type="checkbox"/> 4 - FULL •Package #3 •Viscosity •Oxidation Inhibitor
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NETA Guideline

<input type="checkbox"/> Required •DGA Plus™ •Acid •IFT •Color No. •Visual Exam •Dielectric D1816	<input type="checkbox"/> Optional <input type="checkbox"/> Moisture if >25kv or Silicone <input type="checkbox"/> Specific Gravity <input type="checkbox"/> Power Factor 25°C
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Lubrication Fluids

<input type="checkbox"/> Basic Analysis •Metals Analysis •Particle Count •Acid Number •Viscosity <input type="checkbox"/> Glycol/Anti-Freeze contamination <input type="checkbox"/> Additives
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Date Sampled	Container No. & Type	Location Transformer No./Address	Serial No.	MFR Yr Built/Rebuilt	Main/LTC Bank/Phase	KVA Temp(°C)	RUSH Y/N
	DGA				<input type="radio"/> Main <input type="radio"/> LTC <input type="radio"/> OCB <input type="radio"/> REG Bank # _____ Phase # _____	Temp (C)	
	PCE		<input type="radio"/> Nitrogen Blanket <input type="radio"/> Conservator <input type="radio"/> Free-Breathing Unit <input type="radio"/> Desiccant <input type="radio"/> Sealed <input type="radio"/> Other _____				
	DGA				<input type="radio"/> Main <input type="radio"/> LTC <input type="radio"/> OCB <input type="radio"/> REG Bank # _____ Phase # _____	Temp (C)	
	PCE		<input type="radio"/> Nitrogen Blanket <input type="radio"/> Conservator <input type="radio"/> Free-Breathing Unit <input type="radio"/> Desiccant <input type="radio"/> Sealed <input type="radio"/> Other _____				
	DGA				<input type="radio"/> Main <input type="radio"/> LTC <input type="radio"/> OCB <input type="radio"/> REG Bank # _____ Phase # _____	Temp (C)	
	PCE		<input type="radio"/> Nitrogen Blanket <input type="radio"/> Conservator <input type="radio"/> Free-Breathing Unit <input type="radio"/> Desiccant <input type="radio"/> Sealed <input type="radio"/> Other _____				
	DGA				<input type="radio"/> Main <input type="radio"/> LTC <input type="radio"/> OCB <input type="radio"/> REG Bank # _____ Phase # _____	Temp (C)	
	PCE		<input type="radio"/> Nitrogen Blanket <input type="radio"/> Conservator <input type="radio"/> Free-Breathing Unit <input type="radio"/> Desiccant <input type="radio"/> Sealed <input type="radio"/> Other _____				

Notes:

Receive Date: ___/___/___
Delivery Method:
USPS Fedex UPS DHL
Drop-Off Other _____

Send Additional Containers:
____ Syringes ____ Poly
Bottles
____ Cylinders ____ PCB Vials
Date Requested: ___/___/___