

# Order of DGA/Insulating oil analysis



- Routine check  
 **Malfunction/Fast handling**  
(mark with a cross below, further information)

**Rekvisition/Ordering #:** \_\_\_\_\_

Ordering company:	Billing address:
Customer number:	
Address:	
Contact person:	Telephone:
e-mail:	
<b>Results to</b> (if other than the client) e-mail:	

## Sampling data (to be given every time)

<b>Manufacturing number:</b>	<b>Location and number:</b>
Sampling date:	Sampler:
Where? : <input type="checkbox"/> Bottom <input type="checkbox"/> Top <input type="checkbox"/> Cooling circuit <input type="checkbox"/> Buchholz relay <input type="checkbox"/> Other: _____	
Was the unit in operation?	<input type="checkbox"/> Yes load _____% <input type="checkbox"/> No Out of operation for _____ hours/days
Were the pumps working at sampling: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Oil temperature: _____ °C	Drag pointer oil: _____ °C      Top oil temp: _____ °C
Winding temperature high voltage: _____ °C	Drag pointer winding high voltage: _____ °C
Winding temperature low voltage: _____ °C	Drag pointer winding low voltage: _____ °C
Counter reading (maneuvers) tap changer: _____	

## Further information

<input type="checkbox"/> Signal from Buchholz relay	<input type="checkbox"/> Oil regen.
<input type="checkbox"/> Degased/Filtered	<input type="checkbox"/> New transformer
<input type="checkbox"/> Oil change	<input type="checkbox"/> Transformer moved
<input type="checkbox"/> Oil replenishment	<input type="checkbox"/> Other action/reason

- Trafodiagnosis
- DGA analysis
- Oil analysis
- Tap changer analysis
- PCB
- Other \_\_\_\_\_

**Bottle label**

**DGA label**

Send the sample to:  
 Västerås PetroleumKemi AB/ **VP** diagnose  
 Södra Seglargatan 1  
 721 32 Västerås

Tel: +46 21 17 22 30  
 Fax: +46 21 17 22 39  
 e-post: laboratoriet@vpdiagnose.com

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At the first sampling time should the object nameplate, and tap changer nameplate if any, be photographed and sent by e-mail to [laboratoriet@vpdiagnose.com](mailto:laboratoriet@vpdiagnose.com)

## Apparatus-data (to be given first time)

Owner, address:	Contact person:
	Telephone
	e-mail:

Manufacturer:	Year of manufacture:	Designation (eg TBA43):
Type of operation (eg gen.trafo, grid tr, distr.tr):	Rated power: MVA	Tension: / / kV
Oilweight: kg	Oil manufacturer:	Oil designation:
Core weight: kg	Winding weight: kg	Total weight, trafo: kg
Cooling (circle type): OFAF, OFAN, ONAN, ONAF, ONWF, OFWF		

## Expansionsystem

<input type="checkbox"/> Openly breathing system with silica dryer	<input type="checkbox"/> Enclosed with membrane (eg rubber bellow, al-foil)
	<input type="checkbox"/> Enclosed with nitrogen
<input type="checkbox"/> Common with Tap Changer (1 levelindicator + 1 silica dryer)	<input type="checkbox"/> Separated from TC (2 level indicators + 2 silica dryers)
	<input type="checkbox"/> Separated from TC but common breathing system (2 level indicators + 1 silica dryer)

## Tap Changer

<input type="checkbox"/> Yes, design data below	<input type="checkbox"/> No
Manufacturing number:	Manufacturer:
Type:	Oil weight: kg
Location: <input type="checkbox"/> Separated outside <input type="checkbox"/> Separated inside <input type="checkbox"/> Common inside transformer tank	

Send the sample to:

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721 32 Västerås

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e-post: [laboratoriet@vpdiagnose.com](mailto:laboratoriet@vpdiagnose.com)