

TCA^o
Transformer Condition Assessment
Transformer Fluid
Sample Data



RETURN COMPLETED FORM TO: WILSON TRANSFORMER CO. P.O. BOX 5 GLEN WAVERLEY VIC 3150 AUSTRALIA ATTN: DIAGNOSTIC SERVICES COORDINATOR Phone: _____ 03 9560 0411 Fax: _____ 03 9560 0793	SHIP OIL SAMPLES TO: PLEASE REMEMBER TO MARK 'TCA SAMPLE' ON SAMPLE CONTAINERS. THANK YOU. Phone: _____ Fax: _____	SEND REPORT TO: Name: _____ Address: _____ Phone: _____ Fax: _____
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P.O. # (If Applicable) _____ **Sampled By:** _____

Sample Location	(Substation/PH/PP)			
Sample Date				
Equipment Number				
Bank and Phase				
Serial Number	(Nameplate)			
Manufacturer	(Nameplate)			
Date of Manufacture	(Nameplate)			
Where Manufactured	(Nameplate)			
kVA Rating	(Nameplate)			
Primary kV	(Nameplate)			
Secondary kV	(Nameplate)			
Tertiary kV	(Nameplate)			
Fluid Volume	(Nameplate)			
Fluid Preservation	(Nameplate)			
Cooling	(Nameplate)			
Core & Coil Weight	(Nameplate)			
Oil Filtered/Unit Serviced	(Yes/No)			
Winding Temperature				
Top Oil Temperature				

All Tests below are Required for TCA Diagnostics	
<ul style="list-style-type: none"> • Dissolved Gas Analysis (IEC-599) • Particle Profile • Moisture in Oil (IEC-814) • Dielectric Breakdown (ASTM D-1816) • Acid Number (IEC-296) 	<ul style="list-style-type: none"> • Interfacial Tension (ISO-6295) • Color (ISO-2049) • Furan Analysis

Instructions: Please check with your laboratory services provider for preferred sample collection methods. Flush four litres of oil through the drain valve prior to collecting samples.

PLEASE REMEMBER TO MARK 'TCA SAMPLE' ON SAMPLE CONTAINERS. THANK YOU.

TJH2b Analytical Services Inc.
 Wilson Transformer Co., Pty. Ltd
 P.O. Box 5 Wilson Rd.
 Glen Waverley VIC 3150
 Phone: 03 9560 0411
 Fax: 03 9560 0793
 Urgent Inquiries: 0409 219 105

Reason for Test

- Routine Test
- Retest
- This is a Return to Service Test