SAMPLING FORM

CLIENT ADDRESS

Company Name :	E-mail :
Contact Person :	Address :

EQUIPMENT DATA

Serial / Manufacture Number:	
ID / Tag Number:	
Tension HV/LV: ☐ kV ☐V	
Operated Rate Power: ☐ MVA ☐KVA:	
Manufacture Year:	
Cooling Type:	☐ONAN ☐ONAF ☐OFAF ☐ODAF ☐OFWF ☐Other:
Sealing System:	☐Conservator with Bladder ☐Conservator with Diaphragm ☐Hermitical ☐Open Conservator ☐Pressurized N2 ☐Pressurized Breathing ☐Auxiliary Tank ☐Other:
Oil Type:	
Load %:	
Oil Weight ☐ Ton ☐ kg:	
Phase Number:	☐Single phase ☐Three Phases ☐Other:
Manufacture Name:	
Manufacture Country:	
Owner:	
Location:	
Station Name:	
Tap Changer Type:	☐On-Load ☐Off-Load ☐Other:
Tap Changer Chamber:	☐Connected ☐Not-Connected

SAMPLE DATA

Oil Temperature (°C):	
Unit in Operation:	**☐Yes ☐No (New) ☐No (Fault inspection)**
Sampling From:	**☐Bottom ☐Top ☐Buchholz Relay ☐Tap Changer ☐Other**
Sample Man Name:	
Sampling Date/Time:	
Winding Temperature (°C):	
Ambient Temperature (°C):	
Ambient Humidity %:	
Reason for Sampling:	

Note:The domain written in red color is mandatory to fill data.

REZILABS-BAHRAIN
P.O.Box: 76117 Manama

Tel/Fax/Mob: +973 17405045/17405043/ 39904144
E-mail: info@rezilabs.com www.rezilabs.com

REZILABS-SAUDI ARABIAN
P.O.Box: 90

Al Khobar 31952
Tel/Fax/Mob: +966 38825700 /38826716

ملاحظة مهمة: المجال المكتوب باللون الاحمر اجباري ان تملأ البيانات

REZILABS-BAHRAIN
P.O.Box: 76117 Manama

Tel/Fax/Mob: +973 17405045/17405043/ 39904144
E-mail: info@rezilabs.com www.rezilabs.com

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