

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Location/Site: \_\_\_\_\_

Transformer Serial Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Manufacture Date: \_\_\_\_\_

Transformer Type (e.g., Power, Distribution): \_\_\_\_\_

Rated kV: \_\_\_\_\_

Rated kVA: \_\_\_\_\_

Fluid Type (e.g., Mineral Oil, FR3): \_\_\_\_\_

Last Maintenance Date: \_\_\_\_\_

Additional Notes/Observations: \_\_\_\_\_

Test Reason (Routine/Fault Check): \_\_\_\_\_

Syringe Number: \_\_\_\_\_

Please mail this sheet along with the corresponding sample syringe,  
which should be numbered according to the number on this sheet, to:  
Reliant Asset Diagnostics, 326 Woodland St #1002, Holliston, MA, 01746