



- Transformer Information Sheet

Contact Person: _____

Email Address: _____

Phone Number: _____

Location/Site: _____

Transformer Serial Number: _____

Manufacturer: _____

Manufacture Date: _____

Transformer Type: _____

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 sample syringe, which should be numbered according to the Syringe Number on this sheet, to: **Reliant Asset Diagnostics, 326 Woodland St #1002, Holliston, MA, 01746**. This sheet is in accordance with IEC 60475 Section 4.4 standards.