**Referenced to Water Corporation Standards: DS26-02, DS26-13, DS26-16, DS26-28, and DS26-29.**

**Specifically refer to the ANNEXURE TO SPECIFICATION and TENDER TECHNICAL RESPONSE SCHEDULE for this Contract.**

**If this Transformer is installed in a kiosk, refer to kiosk WC Standard DS26-42.**

|  |  |
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| **1. GENERAL DATA** | |
| PROJECT NAME: | PROJECT NO: |
| WC P.O. / CONTRACT NO: | LINE / ITEM NO: |

|  |  |
| --- | --- |
| **2. TRANSFORMER DATA** | |
| TYPE: OIL FILLED  DRY | |
| SITE REQUIREMENT: INDOOR  OUTDOOR  KIOSK | |
| MOUNTING: GROUND  POLE | |
| MAKE: | SERIAL NO: |
| ENCLOSURE PROTECTION: | COOLING: |
| INSULATION CLASS: | VECTOR GROUP: |
| KVA RATING: | FREQUENCY: |
| PRIMARY VOLTAGE: | PRIMARY CURRENT: |
| SECONDARY VOLTAGE: | SECONDARY CURRENT: |
| TERTIARY VOLTAGE: | TERTIARY CURRENT: |
| MF DWG NO.(S): | WC TRANSFORMER NO.: |

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| **3. INSPECTION** | | **DONE**  **/YES** | **NO** | **N/A** | **COMMENTS/DETAILS** |
| 1 | Location of factory test and inspection. |  | | | |
| 2 | Transformer undamaged. |  |  |  |  |
| 3 | Transformer in accordance with drawings and specification. |  |  |  |  |
| 4 | Insulation resistance results provided and attached. |  |  |  |  |
| 5 | Overvoltage withstand test results provided & attached. |  |  |  |  |
| 6 | Separate source voltage withstand test results provided & attached. |  |  |  |  |
| 7 | Resistance measurement results provided & attached. |  |  |  |  |
| 8 | Efficiency test results provided & attached. |  |  |  |  |
| 9 | No-load measurement results provided & attached. |  |  |  |  |
| 10 | Voltage ratio measurement results provided & attached. |  |  |  |  |
| 11 | Short circuit measurement results provided & attached. |  |  |  |  |
| 12 | Partial discharge measurement results provided & attached. |  |  |  |  |
| 13 | Voltage Tapping mechanism and settings installed and correct. |  |  |  |  |
| 14 | Miscellaneous Fittings installed and correct. |  |  |  |  |
| 15 | Output CT’s installed and correct. (If required) |  |  |  |  |
| 16 | Kiosk has been Inspected to DS26-42. |  |  |  |  |
| 17 | Location of delivery inspection. |  | | | |

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| **4. REMARKS / REMEDIAL ACTIONS** |
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| **5. SIGNOFFS** | |  | | |
| NAME (PRINT) | COMPANY / ROLE | | SIGNATURE | DATE |
| NAME (PRINT) | COMPANY / ROLE | | SIGNATURE | DATE |
| NAME (PRINT) | COMPANY / ROLE | | SIGNATURE | DATE |