

Chain of Custody-Sample Form

JACO Analytical Laboratory

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Company*:		Date Collected*:			
Address:		Oil Temp*: °C			
City, State:		Sampled By:			
Phone:		Oil Type:			
E-mail / Fax:		<i>Please check one of the following</i>			
Substation*:				Mineral	
Unit #:				R-Temp	
Company ID:				Silicone	
Mfg:		Soybean-based nature ester FR3 / Enviro Temp			
Serial #*:		High oleic natural ester - BIO Temp			
Cooling Type:		Synthetic ester - MIDEI 7131			
KV*:		MVA:	Gallons:		
Apparatus Type:		Contact Person:			
		Purchase Order#:			

Apparatus abbreviations: TRN-transformer / LTC-load tap changer / SW-switch / OCB-oil circuit breaker / RX-reactor / SEL-selector / ESP-precipitator

*Critical information about the apparatus that the laboratory needs.

SYRINGE NO.:	
BOTTLE NO.:	

Mark the box below each test desired for this sample.

D-3612C Dissolved Gas	D-971 IFT	D-1500 Color	D-877 Dielectric	D-924 Power Factor 25°C	D-1298 Sp. Gravity	D-1275B Corrosive Sulfur	D-6595 Metals	PCB's
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1533 Moisture	D-974 Acid	D-1524 Visual	D-1816 Dielectric	D-924 Power Factor 100°C	D-5837 Furans	D-1698 Sediment	D-2668 Inhibitor	Other Test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If selecting D-1816, please specify 1mm or 2mm

Comments:

Notes: It is very important that all sample containers are full, and lids tightly secured.
Syringes must have the 3-way valve in the closed position to prevent leakage.

Paper work for each sample must be filled out completely!
Transformer information (BOLD type)) is needed for correct IEEE interpretation.

ALL SYRINGES TO BE RETURNED WITHIN 90 DAYS!