

Transformer Assessment Questionnaire (TAQ)

Company Name:

Job Number:

PLEASE NOTE: Both pages of this questionnaire must be filled in!

Nameplate/Background			
Transformer Identification:			
Substation Name:			
Rating (kV and MVA):		Voltage:	
Cooling (ONAN, OFAN, OFAF etc):		Oil Temp (°C):	
Original specification:		Oil Quantity:	
Manufacturer:		Oil Type:	
Type:			
Serial Number:			
Year of manufacture/installation:			

Historical loading		Maximum load (under normal operating conditions)		Overloads	
Consistent?		≤50% rated load?		Occasional?	
Increasing?		>50 ≤80% rated load?		Frequent?	
Decreasing?		>80 ≤100% rated load?			
Variable?		>100% rated load?			

Present loading		Expected future load requirements	
≤50% rated load?		Remaining as now?	
>50 ≤80% rated load?		Increasing significantly?	
>80 ≤100% rated load?		Decreasing significantly?	
>100% rated load?			

Nature/characteristics of load

Fault history	
Is there any fault history?	
If so please describe/summarise (with dates).	
Are you aware of any significant fault history for similar transformers?	

Ancillary equipment	
Tap changer? If yes, please give details	
Bushings?	
Cable terminations?	
Any history of faults/problems with ancillary equipment?	

PTO

Maintenance / Inspection Regime (including ancillary equipment)	
Brief description (frequency and procedures).	
Please attach a copy of a recent inspection / maintenance record.	

Assessment of general external condition (corrosion, oil leaks etc)	
Main tank:	
Coolers/pipework:	
Ancillary equipment:	

Oil test regime	
Specification of oil (BS148?, inhibited, uninhibited?).	
Frequency of sampling.	
Tests applied to samples.	
Oil test results	
Summary of results (for the past 10 years)	
Please attach oil test report for last complete set	

Any other tests (dielectric tests)	
Details of tests, dates, results	

Details of any remedial action	
Oil change – when, why?	
Drying – when, how?	
Other repairs – what, when?	

Environment	
Outdoor (Yes/No)	
Ambient temperature range:	
Extremes of humidity, rain fall, other weather?	
Pollution (coastal / industrial – please specify):	
Indoor (Yes/No)	
Temperature range:	
Dry / Condensation?	
Pollution – please specify:	

Mechanical Environment - Subject to significant mechanical shocks or high levels of vibration?
Other Information – Please provide brief details of any other relevant information

Sheet Completed By:

Company Name: