



Waukesha[®] UZD[®] LTC Annual Inspection Form

TRANSFORMER DESCRIPTION	INFORMATION	NOTES/EXPLANATIONS
Manufacturer		
Year Manufactured		
Serial Number		
High Voltage		
Low Voltage		
MVA		
Substation Name		
Transformer Designation		
INSPECTION DATA		
Date of Inspection		
Inspected by		
OIL SAMPLES AND OIL LEVEL VERIFICATION		
Pull Oil Samples for Laboratory Tests	<input type="checkbox"/> Completed	
Verify Proper Oil Level	_____ Current Temp <input type="checkbox"/> Level OK <input type="checkbox"/> Oil Added	
Amount of New Oil Added (meets requirements of UZD [®] Technical Manual, pages 60–62)	_____ Gallons Added	
PRESSURE CONTROL SWITCH		
Pressure Control Switch Functioning Properly (4.3 psi \pm 0.5%)	<input type="checkbox"/> Y <input type="checkbox"/> N _____ psi	
AUTO-RECHARGING DEHYDRATING BREATHER (ARDB)		
ARDB Functioning Properly	<input type="checkbox"/> Y <input type="checkbox"/> N	
De-Energize and Re-Energize ARDB to Verify Heating Cycle	<input type="checkbox"/> Completed	
Verify Water Drains from Bottom of ARDB	<input type="checkbox"/> Completed	
OIL FILTRATION SYSTEM		
System Functions Properly	<input type="checkbox"/> Y <input type="checkbox"/> N	
Check for Alarm Trips	<input type="checkbox"/> No Trips <input type="checkbox"/> Trips	
Replace Oil Filter Element, if necessary	<input type="checkbox"/> OK <input type="checkbox"/> Replaced	
Check for Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	Location:
Record System Operating Pressure	_____ psi	
All Gauges and Switches Working Properly	<input type="checkbox"/> Y <input type="checkbox"/> N	If no, which ones:
Hours of Operation	_____ Hours	

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LTC LEAKS	INFORMATION	NOTES/EXPLANATIONS
Check for Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	Location:
MOTOR DRIVE MECHANISM COMPARTMENT		
Check for Leaks (Oil or Water)	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	Location:
Operate Tap Changer in Both Directions <i>(operation takes about 6 seconds)</i>	Functioning Properly <input type="checkbox"/> Y <input type="checkbox"/> N	
Unusual Sounds	<input type="checkbox"/> Y <input type="checkbox"/> N	
Operation Counter Working	<input type="checkbox"/> Y <input type="checkbox"/> N	
Record Number of Operations	_____	
Max-Min Tap Positions	_____	
Passed through Neutral Since Last Inspection	<input type="checkbox"/> Y <input type="checkbox"/> N	
Raise/Lower Indicator Flag Returns to Center when Operated in Both Directions	<input type="checkbox"/> Y <input type="checkbox"/> Needs Adjustment	
Check Drive Belt Tension and Adjust, if necessary	<input type="checkbox"/> OK <input type="checkbox"/> Needs Replacement	
Heater Switch On and Heater Working	<input type="checkbox"/> Not Working <input type="checkbox"/> Working	
General Visual Inspection	<input type="checkbox"/> Completed	
OPERATIONAL TEST		
Check Operating Settings	<input type="checkbox"/> Completed	

For assistance or more information, please contact our Waukesha® Components group at 800-338-5526.