Application Questionnaire – Transformer Testing Date: **TECHNOLOGIES Customer Information:** 75 Speicher Drive Company Name: Accident, MD 21520 USA Phone: 301-746-8118 Address: Fax: 301-895-5570 info@phenixtech.com www.phenixtech.com Contact Name: Email: Telephone: Fax: Input: Specify incoming power available: Voltage: _____ Current: ____ Frequency: ____ Phase: ____ Configuration: ____ Transformer to be tested: The sizing of the TTS depends on the kVA/voltage/impedance of the transformers to be tested. Please indicate the highest kVA ratings you want to test, the corresponding voltages, the impedance, and the approximate percentage of your testing each represents. Please provide the same information for the smallest transformers you want to test: Highest kVA: kVA Rating Primary Voltage Secondary Voltage Impedance (approx.) Phase (1ϕ or 3ϕ) % of Testing Smallest kVA: kVA Rating Primary Voltage Secondary Voltage Impedance (approx.) Phase $(1\phi \text{ or } 3\phi)$ % of Testing Other Devices to be tested (please include associated ranges/parameters):

Options:	
	Applied Potential (Hipot) Testing at kV
	Induced Potential (High Frequency) Testing at times nominal voltage
	Computer interface with software (Data and Report writing) for WINDOWS compatible PC
	Control Desk with writing table and interconnect cables
	Transformer Turns Ratio
	RIV / Corona – Partial Discharge
	Tangent Delta Measurement
	Low Resistance Ohmmeter
	Impulse Test System
Automated Test Systems for High Volume Testing:	
If you are interested in this type of test system, please complete the following questions:	
	# of Single-Phase Transformers to be tested per set-up or per hour
	# of Three-Phase Transformers to be tested per set-up or per hour
Special Requirements / Comments:	