

## Transformer Assessment Questionnaire (TAQ)

**Company Name:**

**Job Number:**



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

<b>Nameplate/Background</b>			
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**

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

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

**PTO**

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

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

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

<b>Any other tests (dielectric tests)</b>	
Details of tests, dates, results	

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

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

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

**Sheet Completed By:** .....

**Company Name:** .....