



# 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		
<b>INSPECTION DATA</b>		
Date of Inspection		
Inspected by		
<b>OIL SAMPLES AND OIL LEVEL VERIFICATION</b>		
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	
<b>PRESSURE CONTROL SWITCH</b>		
Pressure Control Switch Functioning Properly (4.3 psi ± 0.5%)	<input type="checkbox"/> Y <input type="checkbox"/> N _____ psi	
<b>SELF-REGENERATING BREATHER</b>		
Silica Gel Functioning Properly	<input type="checkbox"/> Y <input type="checkbox"/> N	
De-Energize and Re-Energize Self-Generating Breather to Verify Heating Cycle	<input type="checkbox"/> Completed	
Verify Water Drains from Bottom of Self-Generating Breather	<input type="checkbox"/> Completed	
<b>OIL FILTRATION SYSTEM</b>		
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	

continued on next page...

LTC LEAKS	INFORMATION	NOTES/EXPLANATIONS
Check for Leaks	<input type="checkbox"/> No Leaks <input type="checkbox"/> Leaks	Location:
<b>MOTOR DRIVE MECHANISM COMPARTMENT</b>		
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	
<b>OPERATIONAL TEST</b>		
Check Operating Settings	<input type="checkbox"/> Completed	

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