

Annexure "BDV-TEST" Dt: 08/12/16

TRANSFORMER OIL BREAKDOWN VOLTAGE TEST REPORT

Dt:

Transformer location: _____ Name of transformer: _____

Sample collected at _____ AM/PM On _____ Transformer oil (Qty): _____

Test conducted at _____ AM/PM On _____

Standard Gap setting between electrodes (Test Kit): _____ (in mm)

Sl.NO	BDV TEST COUNT (With time)	BDV (IN KV)	Remarks
1	First time ()		
2	Second time ()		
3	Third time ()		
4	Fourth time ()		
5	Fifth time ()		
6	sixth time ()		
7	seventh time ()		
8	Eighth time ()		
Average Breakdown Voltage value:			

The Breakdown Voltage value of individual transformers with test conducted date written on display boards located near by transformers.

Name of Authorised technician :

Signature with date:

Name of Authorized Supervisor:

Signature with date:

Dy.Suptd/ Addl.Suptd-Electrical (Mill)