

HSB PREPARE PROGRAM
 Pre-Emergency Plan and Recovery

TRANSFORMER

PLANT EQUIPMENT NUMBER	SHEET NUMBER
------------------------	--------------

EQUIPMENT

DESCRIPTION	UTILITY OWNED Yes No
LOCATION OF EQUIPMENT IN FACILITY	

TRANSFORMER SPECIFICATIONS

MODEL NUMBER THREE - PHASE		MODEL NUMBER SINGLE - PHASE	
SIZE	HIGH VOLTAGE	LOW VOLTAGE	PHASE
CYCLES	RISE	IMPEDANCE	CLASS
TYPE OF OIL	WEIGHT WITH OIL	WEIGHT WITHOUT OIL	

IS ASKAREL (PCB), OR IF PCB CONTAMINATED, SPECIAL HANDLING INSTRUCTIONS ARE:

MANUFACTURER

NAME OF MANUFACTURER	WEBSITE		
ADDRESS	CITY	STATE	ZIP CODE
NAME OF CONTACT	TELEPHONE / CELL PHONE NUMBER		
NAME OF MANUFACTURER'S REPRESENTATIVE			
ADDRESS	CITY	STATE	ZIP CODE
NAME OF CONTACT	TELEPHONE / CELL PHONE NUMBER		

REPAIR FIRMS

NAME OF REPAIR FIRM	WEBSITE		
ADDRESS	CITY	STATE	ZIP CODE
NAME OF CONTACT	TELEPHONE / CELL PHONE NUMBER		
NAME OF ALTERNATE REPAIR FIRM			
ADDRESS	CITY	STATE	ZIP CODE
NAME OF CONTACT	TELEPHONE / CELL PHONE NUMBER		

LOCATION OF ALTERNATE EQUIPMENT OR RENTAL AGENCIES

NAME OF FIRM		WEBSITE		Alternate Equipment Rental Equipment	
ADDRESS		CITY		STATE	ZIP CODE
NAME OF CONTACT				TELEPHONE / CELL PHONE NUMBER	
SIZE (kVA)	TYPE OF PHASE <input type="checkbox"/> Three <input type="checkbox"/> Single	VOLTAGE - Primary	Secondary	IMPEDANCE	
NAME OF FIRM				Alternate Equipment Rental Equipment	
ADDRESS		CITY		STATE	ZIP CODE
NAME OF CONTACT				TELEPHONE / CELL PHONE NUMBER	
SIZE (kVA)	TYPE OF PHASE Three Single	VOLTAGE - Primary	Secondary	IMPEDANCE	
NAME OF FIRM				Alternate Equipment Rental Equipment	
ADDRESS		CITY		STATE	ZIP CODE
NAME OF CONTACT				TELEPHONE / CELL PHONE NUMBER	
SIZE (kVA)	TYPE OF PHASE Three Single	VOLTAGE - Primary	Secondary	IMPEDANCE	

MFR'S TECHNICAL INFORMATION

LOCATION OF MANUFACTURER'S DRAWINGS (*Specify Drawing Number*)

NO.

NO.

NO.

GIVE LOCATION OF THE SINGLE LINE ELECTRICAL DRAWINGS OF INCOMING ELECTRIC POWER, NOTING VOLTAGE, TRANSFORMER SIZES, MAIN SWITCH GEAR.

POSSIBLE PROBLEMS

DESCRIPTION / PICTURES

NOTES / PICTURES