

		Rev.	Date	Description / Issued for:	By	Ckd	Seen
		A	22-10-2025	For Comments	HDVR	HVDR	
		B	18-11-2025	For Enquiry	HDVR	HVDR	
Office :		GRO	Dept. 41	Form. A4	Order number	sub.	Docnum.
					nlT59417	4182001	Rev B
Specifications:				Vendor comment or deviation			
Standard	<input checked="" type="checkbox"/> International	IEC		1			
	<input checked="" type="checkbox"/> German	VDE		2			
	<input checked="" type="checkbox"/> U.K.	BS		3			
	<input checked="" type="checkbox"/> Netherlands	NEN		4			
	<input type="checkbox"/> Local	Specify: _____		5			
	<input type="checkbox"/> Other	Specify: _____		6			
	Vendor to indicate all compliances				7		
Regulation	<input checked="" type="checkbox"/> Power transformers design directive EU 548/2014			8			
	<input checked="" type="checkbox"/> Low Voltage Directive (LVD) 2014/35/EU			9			
	<input checked="" type="checkbox"/> IEC/EN 60076 Power transformers			10			
	<input checked="" type="checkbox"/> EN 50708-1, EN 50708-2 Power Transformers			11			
	<input type="checkbox"/> Regulation other:	Specify: _____		12			
Vendor to indicate all compliances				14			
Local conditions	Climate	<input type="checkbox"/> Tropical	<input checked="" type="checkbox"/> Temperate	15			
		<input type="checkbox"/> Artic	<input type="checkbox"/> Marine	16			
	Ambient temperatures			°C			
		<input checked="" type="checkbox"/> Min. -20	<input type="checkbox"/> Average	18			
		<input checked="" type="checkbox"/> Max. +40		19			
	Relative humidity			%			
		<input checked="" type="checkbox"/> Min. 20%	<input type="checkbox"/> Average	21			
		<input checked="" type="checkbox"/> Max. 100%		22			
	Altitude	<input checked="" type="checkbox"/> Less than 1000m		23			
		<input type="checkbox"/> Above 1000m		24			
Localisation	Installation	<input type="checkbox"/> Indoor	<input checked="" type="checkbox"/> Outdoor	26			
			<input checked="" type="checkbox"/> No sunshed	27			
			<input type="checkbox"/> Under sunshed	28			
	Area classification	<input checked="" type="checkbox"/> Safe		29			
			<input type="checkbox"/> Zoned	29			
Hazardous zone	<input type="checkbox"/> 1		30				
		<input type="checkbox"/> 2	30				
Design	Capacity	<input checked="" type="checkbox"/> 2800 - 3150 kVA		31			
		<input type="checkbox"/> 2300 - 2750kVA		32			
		<input type="checkbox"/> 1900 - 2250 kVA		33			
		<input type="checkbox"/> 1500 - 1850 kVA		34			
		<input type="checkbox"/> 1150 - 1450 kVA		35			
	Cooling	<input checked="" type="checkbox"/> Onan		36			
		<input type="checkbox"/> Onaf		37			
	Primary Rated voltage	<input type="checkbox"/> 10000 Vac		38			
		<input type="checkbox"/> 20000 Vac		39			
		Specify: _____		40			
	Secondary Rated voltage	<input checked="" type="checkbox"/> 400 Vac		41			
		<input type="checkbox"/> 690 Vac		42			
		Specify: _____		43			
	Rated frequency	<input checked="" type="checkbox"/> 50 Hz		44			
		<input type="checkbox"/> 60 Hz		45			
	Impedance	<input checked="" type="checkbox"/> 6%		46			
		Specify: _____		47			
	Vector Group	<input checked="" type="checkbox"/> Dyn11		48			
		Specify: _____		49			
	Operation	<input type="checkbox"/> Standalone		50			
		<input checked="" type="checkbox"/> Parallel		51			
	Tap Changer	<input checked="" type="checkbox"/> Off-load		52			
		<input type="checkbox"/> On-load		53			
	Tap positions / steps	<input checked="" type="checkbox"/> 5 Steps		54			
		<input checked="" type="checkbox"/> +/-2,5%		54			
	Specify: _____		55				
Core material	<input type="checkbox"/> Copper		56				
	<input type="checkbox"/> Aluminium		57				
Temp protection	<input checked="" type="checkbox"/> Winding PT100		58				
	<input checked="" type="checkbox"/> Oil temp switch		58				
	Specify: _____		59				
Gas detection	<input checked="" type="checkbox"/> Buchholz relay		60				
Desiccant	<input checked="" type="checkbox"/> Silica rebreather		61				
Over-pressure	<input checked="" type="checkbox"/> Pressure relief device		62				
Primary connection	<input type="checkbox"/> Busbar		63				
	<input checked="" type="checkbox"/> Cable		63				
Secondary connection	<input type="checkbox"/> Busbar		64				
	<input checked="" type="checkbox"/> Cable		64				
Docs.	Languages	<input checked="" type="checkbox"/> English		65			
		<input type="checkbox"/> German		65			
		<input type="checkbox"/> French		66			
		<input type="checkbox"/> Other		66			
	Specify: _____		67				
Testing	Inspection	<input type="checkbox"/> During manufacturing		69	Type tests	<input type="checkbox"/> All required	<input checked="" type="checkbox"/> Certificate
		<input checked="" type="checkbox"/> Not applicable		70		<input type="checkbox"/> Witnessed	<input type="checkbox"/> Not witnessed
	Routine tests	<input type="checkbox"/> All required		71	Special tests	<input type="checkbox"/>	
		<input checked="" type="checkbox"/> Certificate		71		<input type="checkbox"/> Witnessed	<input checked="" type="checkbox"/> Not witnessed
		<input type="checkbox"/> Witnessed		72		<input type="checkbox"/> Witnessed	<input checked="" type="checkbox"/> Not witnessed
		<input type="checkbox"/> Not witnessed		72			
			73				