



230 N Orange Ave Brea, CA 92821-4026
 Contractors License # 655104 C-10, A, B
 Phone: 714/990-9280
 Fax: 714/990-9285



PACIFIC INDUSTRIAL ELECTRIC INVENTORY

DATE: November 1, 2008

LOCATION: Crainco **ITEM INV. #** 129 **PIE ITEM #** _____

DESCRIPTION: TRANSFORMER, PADMOUNT

MFG. NAME: WESTINGHOUSE **CATALOG NO.:** _____

MODEL# PLAZAPAD **SERIAL #:** TAT7656-0101

SPECIFICATIONS / INFORMATION

<p>VOLTS: <u>12000</u> <u>480</u></p> <p>AMPS: _____</p> <p>PHASE: <u>3</u></p> <p>Hz: <u>60</u></p> <p>POLES: <u>3</u></p> <p>NEUTRAL TYPE: _____</p> <p>KVA: <u>1500</u></p> <p>PRIMARY: <u>12000</u></p> <p>SECONDARY: <u>480</u></p> <p>k AIC: _____</p>	<p>NEMA TYPE: <u>3R</u></p> <p>FUSEABLE: <u>YES</u></p> <p>FUSE TYPE: _____</p> <p>HEIGHT: _____</p> <p>LENGTH: _____</p> <p>WIDTH: _____</p> <p>WEIGHT: <u>9284</u></p> <p>KIRK KEY: <u>YES</u></p> <p>NEW: <u>NO</u></p> <p>PHOTO FILE: <u>NO</u></p>
---	---

NOTES:



230 N Orange Ave Brea, CA 92821-4026
 Contractors License # 655104 C-10, A, B
 Phone: 714/990-9280
 Fax: 714/990-9285



TRANSFORMER NAME PLATE DATA

MANUFACTURE'S ADDRESS:

NAME: WESTINGHOUSE
STREET 1: _____
STREET 2: _____
CITY: _____
STATE: _____
ZIP: _____

PHONE #: _____
FAX #: _____

D.O.M.: Nov-83
OIL FILLED: YES
GAL. CAP. : 354
SHIELDING: _____
DELTA / WYE: NO - DELTA / DELTA

COOLING CLASS: OA
CATALOG #: 0
INSULATION SYS.: _____
RISE: 55*
LIVE FRONT: YES

NOTES: 5.70% IMPEDENCE



CONN.TAPS	VOLTAGE / AMPS
1	12600
2	12300
3	12000
4	11700
5	11400

INVENTORY REMOVAL DATE: _____

PURPOSE: _____

