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EMC TEST INFORMATION FORM

Company Name:	Contact:
Address:	Secondary Contact:
	Tel:
	Fax:
	Email:
Equipment Description:	Equipment Size:
	Equipment Weight:
	Equipment Sensitivity:
Model Name:	Equipment Security:
Model Number:	Equipment Storage:
No. of elements to system:	Test Plan Available: <i>if yes, please supply</i>
Full Compliance Pre-Compliance <i>delete inapplicable</i>	Setup Time Required:
Standards Required:	Intended Environment: <i>i.e. limits</i>
Report Requirement: Raw data only <i>delete inapplicable</i> Certificate and Traces Formal Report	
PRIMARY POWER REQUIREMENTS	Frequency: Hz
Voltage: No. of Phases:	Current [operating]: Amps
AC DC <i>delete inapplicable</i>	Current [startup/inrush]: Amps
Special Support & Testing Requirements [i.e. chilled water, exhaust, compressed air, fork lift]:	
Briefly describe required modes of operation including equipment duty cycle:	

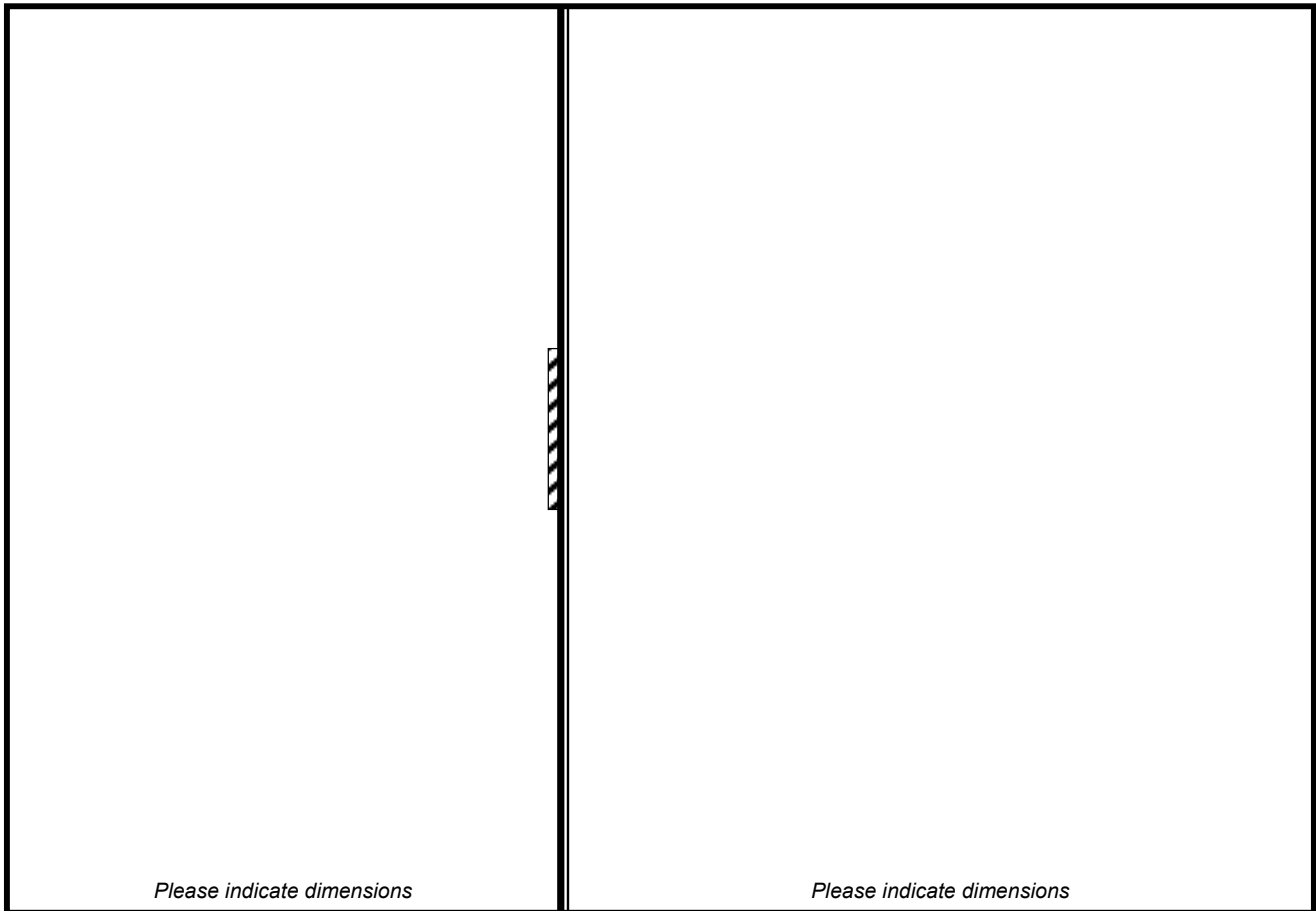
Briefly describe how you intend monitoring the EUT performance:

Briefly indicate the pass/failure criteria for the EUT:

Draw a block diagram of the Test Setup, showing both the EUT and its support equipment. Indicate maximum cable lengths and types for all ports. Identify EUT and any ancillary equipment that is to be set up either in the Workshop or the Test Chamber:

WORKSHOP [SUPPORT EQUIPMENT]

TEST CHAMBER [EUT]



Please note that the quotation you receive will be based on the information provided by this completed form. Should we later discover that the information is either insufficient or inaccurate, extra charges may be incurred.

Completed by:

Position:

Signature:

Date: