

## Equipment Details Form

Please complete this form as far as possible and return it to [uk.electricalcompliance@kiwa.com](mailto:uk.electricalcompliance@kiwa.com)

### Test Details

Company Name:	
Our Job Number:	
Your Reference:	

### Product Details

Product Name:	
Manufacturer:	
Electrical Rating:	
Operating Conditions: <small>(i.e. temperature, humidity, and pressure ranges)</small>	
Description: <small>(include details of equipment functions and intended environment)</small>	
Model No:	
Serial No:	
Build State:	
Condition:	
Software Version:	
Operation Mode(s): <small>(include brief details of the operation mode(s) in which testing is required also advise of any duty cycle)</small>	
Set-up Requirements: <small>(typical set-up time and any specific instructions)</small>	
Configuration Diagram:	I have provided a separate equipment configuration / block diagram for inclusion in the Test Report
EMC Observation(s): <small>(parameters / functions to be monitored during immunity test(s))</small>	
EMC Performance Level: <small>(specify acceptable degradation in performance, if any Note:- if a statement is included in product documentation, a copy must be submitted)</small>	

### Support / Auxiliary Equipment

Product Name:	
Manufacturer:	
Description:	
Model Number:	
Serial Number:	

*Continue on a separate sheet if necessary.*

Completed by: \_\_\_\_\_  
(Print name)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Rev.G