

Equipment Details Form

Please complete this form as possible to enable us to accurately describe your product and return it to:

E-mail: blackwood-test@kiwa.co.uk or Fax: + 44 (0) 1495 228 331

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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;"></td> <td>I have provided a separate equipment configuration / block diagram for inclusion in the Test Report</td> </tr> </table>		I have provided a separate equipment configuration / block diagram for inclusion in the Test Report
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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: _____