

EMC QUESTIONNAIRE

QMF 17 Issue 16

RN Electronics Ltd

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Please use Questionnaire Notes (QMF17¹) to assist in completing this questionnaire.

Please E-Mail back to R.N. Electronics to estimate the test time required. Please complete clearly for each item to be tested, the answers will be used within your report after EMC testing. Equipment under test should be representative of production model.

Test Date

RN Job No.

1a Contact:

1e Tel No:

1b Company:

1f E-Mail:

1c Address:

1g Your Order No:

1d Post Code

Your Quality Manager

1h Name:

1i E-Mail:

1e Engineer who will be operating equipment on day of test

2a EUT Name:

2b Model No:

2c Serial Number:

2c Please ensure EUT is uniquely identified. If serial number is unavailable at this time, please provide before test.

3a Main function / operation of equipment

3b Specific Use

3c Country Of Origin

3d Manufacturer

4a Is support equipment required ? Y/N

4b If YES will you supply? Y/N

4c Please give details

4d How many modes of operation does the unit have ?

4e Please Describe:

4f Suggested monitoring method during Immunity

4g Time taken for the equipment to show any errors: <1s <3s <10s

(note - For testing purposes the equipment may need to run at a greater rate than intended in the field)

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5a Is the unit one single product ?	<input type="checkbox"/> Y/N	5b Is this the most complex configuration ? <input type="checkbox"/> Y/N
5c If No to above, please give details <input style="width: 100%;" type="text"/>		
6a In what position is the equipment most likely to be used ? (eg.bench, floor, etc.) : <input style="width: 100%;" type="text"/>		
6b What is the equipment environmental specification ? (eg.temp range, humidity range etc) <input style="width: 100%;" type="text"/>		
6c Are there any health and safety risks associated with the equipment? Please Detail. <input style="width: 100%;" type="text"/>		
7 Equipment weight and dimensions: Height <input style="width: 50px;" type="text"/> mm Width <input style="width: 50px;" type="text"/> mm Depth <input style="width: 50px;" type="text"/> mm Weight <input style="width: 50px;" type="text"/> kg <small>Note: For testing Conducted Emissions on customer premises the EUT will require a non RCD supply.</small>		
8 Power Requirements Rated Voltage Range <input style="width: 50px;" type="text"/> V Rated Power <input style="width: 50px;" type="text"/> W Rated Frequency <input style="width: 50px;" type="text"/> Hz Current <input style="width: 50px;" type="text"/> A Phase <input style="width: 50px;" type="text"/>		
9a List of ports and the maximum permissible lead length: <small>Please note - All leads need to be sent with the equipment and each lead tested needs to be able to pass through a 20mm diameter cut-out.</small>	Port	Lead Length (m)
	Cable Type	
9b What is the maximum number of inter-connecting leads the equipment could use ?		<input style="width: 50px;" type="text"/>
9c How many leads may be over 3m when the equipment is installed ?		<input style="width: 50px;" type="text"/>
10 List Frequencies of local oscillators/clocks & highest frequency generated or used. <input style="width: 100%;" type="text"/>		
11a Does the equipment contain a CRT monitor, Hall Elements, Magnetic Field Sensors etc. which may be susceptible to magnetic fields?		<input type="checkbox"/> Y/N
11b Is surge protection fitted to the supply or any signal ports ? (full details will be required)		<input type="checkbox"/> Y/N
11c Amount of surges required at each test point? <input type="checkbox"/> ONE/FIVE		(NB: Five surges may require a days testing)
12a Please detail the EMC standard & date of issue you would like the equipment tested to; alternatively check the box below if you would like advice about the most applicable standard(s). <input style="width: 100%;" type="text"/>		
12b I would like advice about the most applicable standard(s) on test confirmation: <input type="checkbox"/>		
13a Is a test report required ? <input type="checkbox"/> Y/N		13b Report Style required ? <input type="checkbox"/> pdf / paper
13c If you require a different company name and address on the test report please enter it here: <input style="width: 100%;" type="text"/>		
14 Our Quotation is based on the information supplied to us. Incorrect information may lead to extra charges if insufficient time has been allocated to you.		
Signature: <input style="width: 100%;" type="text"/>		Date: <input style="width: 100%;" type="text"/>



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