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**AQL-EMC Limited**

16 Cobham Road  
 Ferndown Industrial Estate  
 Wimborne  
 Dorset BH21 7PG

**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>
Compliance:	Setup Time Required:
Report Requirement:	Intended Environment: <i>i.e. limits</i>
Standards Required:	
<b>PRIMARY POWER REQUIREMENTS</b>	Frequency: Hz
Voltage:                      No. of Phases:	Current [operating]: Amps
AC or DC:	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:

**Please also include attached on your email, any drawings of block diagrams of the test set-up, 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.**

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: