CELAMED	INFORMATION ABOUT THE TESTED ARTICLES **CELAMED** **Centralne Laboratorium Aparatury Medycznej** **Aspel S.A.**	*Order nr:*

1. * Product designation

Name: .....

type: .....

model: .....

serial number: .....

2. * Size (unit)

length: ....., height: ....., width: .....

3. * Weight

.....

4. * Place of work / type of work

☐ stationary device

☐ device permanently located

☐ portable device

☐ mobile device

☐ device worn by the body

☐ device held in hand

☐ device set on the table

☐ device set on the floor

☐ other: .....

5. * Maximum frequency used in the device

fmax =..... (unit)

list of "sensitive" frequencies (if any) that should be tested separately during the immunity test: .....

6. * Power supply- input and output connections

☐ Internal power supply

- type of power source: .....
- working time: .....

☐ External power supply: AC ☐ DC ☐

- supply voltage: .....

- frequency: .....
- number of phases: .....
- power consumption.....
- length of power cord.....≤ 3m ☐ .....>3m ☐.....

☐ other power supply

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.....

Class of electrical safety I ☐ II ☐

7. Additional requirements for power supply, grounding

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8. * Signal and control line connections (subject to testing)

☐ RS - is subject to testing: YES ☐ NO ☐

- number of connections Ethernet: .....
- cable lengths: .....
- kind of connectors: .....

☐ USB - is subject to testing: YES ☐ NO ☐

- number of connections Ethernet: .....
- cable lengths: .....
- kind of connectors: .....

☐ Ethernet - is subject to testing: YES ☐ NO ☐☐

- number of connections Ethernet: .....
- cable lengths: .....
- kind of connectors: .....

☐ other - Is subject to testing: YES ☐ NO ☐

- type:.....
- number of connections Ethernet: .....
- cable lengths: .....
- kind of connectors: .....

9. Tests confirming the efficiency of the equipment being tested

(realization of established functions, tests)

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10. Configure test device

Block diagram showing test devices, their interconnections, power supply, additional auxiliaries (not tested) necessary to ensure the required mode of operation and obtaining the necessary information to track the behavior of the test device during testing:

document name / attachment: .....

11. Operating mode tested product

(In the absence of manufacturer data, use the guidelines of relevant standards)

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12. Criteria for evaluation for immunity tests

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Note: points marked with * are necessary for the preparation of the offer, remaining points must be filled in after the offer is accepted