

Capacitor Charging Requirements Worksheet

Name _____ Position _____
 Company _____ Address _____
 City _____ State _____ Code _____ Country _____
 Telephone _____
 E-Mail: _____ Date _____

Full Discharge Application

Operating Voltage: _____ V Load capacitance: _____ pF nF μF mF F
 Charge Time: _____ sec Rep rate: _____ Hz

Partial Discharge Application

Operating Voltage: _____ V Load capacitance: _____ pF nF μF mF F
 Voltage drop: _____ V Rep rate: _____ Hz

Optional: Peak charge rate: _____ J/s Average power: _____ Watts
 Pulse-to-pulse repeatability: _____ %

24V/6 A Auxiliary output **Simmer:** Open Circuit V _____ Current _____

Trigger Negative, In circuit voltage -7kV

Input Power: Specify range: _____ Vac to _____ Vac 1 3 Phase
 Active Power factor correction required (>0.95)

Program Voltage: _____ **Enable signal:** high _____ low _____

Certification Requirement(s): Medical EN60601 Industrial EN61010 ITE EN60950

None RoHS CB CE Other; Specify _____
 EMI/EMC CIPR 11 Class Class A Class B

Environmental:

Operating Temperature: Ambient: _____ °C Cooling: Forced air Water
 Packaging: Rack mount (max ht: _____, max depth: _____) Front panel controls
 Module: Size requirements: H _____ x W _____ x L _____

End Product Application:

Is this a new product ? Yes No If yes, planned introduction date: _____
 Usage: OEM (_____ units per year) one time buy (_____ units) Price target: _____
 Is this a replacement for an existing supply: Yes No
 If yes, current supplier: _____
 Supplier model number _____
 Reason for change _____

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