

HV DC Power Supply Requirements Worksheet

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

Output

Voltage: _____ kV Current: _____ mA Power: _____ W
Polarity: Positive Negative Reversible Floating (isolation voltage: _____ V)
Ripple: _____ (Volts, milliamps) (p-p, rms, % of setting % of full output)
Input Regulation: _____ (Volts, milliamps) (p-p, rms, % of setting % of full output)
for input change of ± _____ Vac ± _____ %
Output Regulation: _____ (Volts, milliamps) (p-p, rms, % of setting % of full output)
for output change of ± _____ Vac ± _____ % of full output current
Auxiliary Outputs (if required): _____ V @ _____ A to _____ V @ _____ A

Input Power

115Vac ± 10%, 1-Ø 200Vac ± 10%, 1-Ø 230Vac ± 10%, 1-Ø
 208Vac ± 10%, 3-Ø 380Vac ± 10%, 3-Ø 480Vac ± 10%, 3-Ø
 Universal Input (specify range): _____ Vac to _____ Vac, _____ Ø
 Other (please specify): _____
 Power factor Correction required (THD ___% max) Not Required

Agency Approvals: None (if required please specify standard below)

Safety: _____ EMC: _____

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:

Industrial Medical
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: _____

Please mail or fax to HVP

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