Custom Power Supply Design Form

Fax completed form to 408.369.4911

CUST NAME _____ CITY _____ STATE _____

ELECTRICAL ENGINEER _____ PHONE _____ FAX _____ E-MAIL _____

MECHANICAL ENGINEER _____ PHONE _____ FAX _____ E-MAIL _____

OTHER CONTACT _____ PHONE _____ FAX _____ E-MAIL _____

PROJECT NAME _____ PROTO DATE _____ PROTO QTY _____ PROD DATE _____ ANNUAL QTY _____ TARGET PRICE _____

PRODUCT DESCRIPTION _____

INPUT ❍ AC INPUT RANGE _____ VAC @ _____ Hz ❍ DC INPUT RANGE _____ VDC ❍ ISOLATED (LEVEL) _____

OUTPUTS	V1	V2	V3	V4	V5	V6	V7	TOTAL WATTS
VOLTAGE								
MINIMUM LOAD								
NOMINAL LOAD								
PEAK LOAD <30 SECS & <10% DUTY								

DIMENSIONS LENGTH _____ WIDTH _____ HEIGHT _____ TERMINATION _____

MECHANICAL ❍ OPEN-FRAME ❍ U-FRAME ❍ ENCLOSED ❍ DIN RAIL MOUNT ❍ ENCAPSULATED ❍ PCB MOUNT

THERMAL ❍ ENCLOSED CONVECTION ❍OPEN CONVECTION ❍AIRFLOW _____ ❍CFM ❍LFM OPERATING TEMPERATURE: _____

STATUS & CONTROL SIGNALS ❍ AC GOOD/POWER FAIL ❍ DC GOOD ❍ REMOTE SENSE ❍ REMOTE ON/OFF ❍ 5VSB @ _____ ma ❍ 12V fan @ _____ ma

❍ CURRENT SHARE ❍ REDUNDANT ❍ HOT-SWAP

OTHER _____

SAFETIES ❍ ITE (UL60950 / EN60950) ❍ PATIENT VICINITY (UL60601 / EN60601) ❍ CB REPORT

❍ OTHER: _____

EMISSIONS ❍ CLASS A ❍ CLASS B _____

CRITICAL REQ'S

NOTES