**VF Series-resonant AC Hi-pot Test System**

**Technical Questionnaire**

**Part ONE** *Customer Contact*

Company Name 

Address 

Contact Name (MR/MRS) 

Title  Department 

Tel  Fax 

Email 

**Part TWO** *Test Condition*

1. Ambient Condition

Altitude m; Ambient Temperature °C

RH %;

In case of special test conditions, please specify



1. Power Input

Capacity kW; Voltage V

Frequency Hz

**Part THREE** *Applications*

Please select your test objects:

 XLPE Power Cable Form1

 GIS Form2

 General Test Objects (Circuit Breaker, Transformer Neutral Point, Potential Transformer, Current Transformer, Power Generator) Form3

Form1 XLPE Power Cable

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Cable1 | Cable2 | Cable3 | Cable4 |
| Rated Voltage |  |  |  |  |
| Test Voltage |  |  |  |  |
| length |  |  |  |  |
| Cross-section Area |  |  |  |  |

In case of special test requirement, please specify



Form2 GIS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | GIS1 | GIS2 | GIS3 | GIS4 |
| Rated Voltage |  |  |  |  |
| Test Voltage |  |  |  |  |
| Interval(s) |  |  |  |  |

In case of special test requirement, please specify 

Form3 General (Circuit Breaker, Transformer Neutral Point, Potential Transformer, Current Transformer, and Power Generator)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | No.1 | No.2 | No.3 | No.4 |
| Test Object | |  |  |  |  |
| Test Voltage | |  |  |  |  |
| Capacitance of the Test Object | Max |  |  |  |  |
| Min |  |  |  |  |
| Permissible Frequency | Max |  |  |  |  |
| Min |  |  |  |  |
| Load Cycle | ON |  |  |  |  |
| OFF |  |  |  |  |

In case of special test requirement, please specify 

**Part FOUR** *Testing Field Options*

1. Test field

Stationary in test lab  On-site erection

Movable platform test system  Movable container test system

1. Field Service

 Field service

 Erection supervision required

 Training required

For more information, please directly contact us:

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