

Checklist Anechoic chamber

1. Project

Identifier _____

Address _____

Postal Code – City/Town _____

2. Standards

EN 55011	<input type="checkbox"/>	IEC 1000-4-3	<input type="checkbox"/>	ANSI C63-41992	<input type="checkbox"/>
EN 55022	<input type="checkbox"/>	MIL-STD 461/462	<input type="checkbox"/>	ETSI	<input type="checkbox"/>
Pr EN 50147-3	<input type="checkbox"/>	DO 160 C/D	<input type="checkbox"/>	TEMPEST.....	

3. Anechoic chamber

Dimensions of the shielding: _____
 Length/m Width/m Height/m

Building / outer walls: _____
 Length/m Width/m Height/m

Please include a floor plan of the building, a cross section, a length section and a detailed drawing as well as floor plans of the neighbouring rooms.

Doors: _____
 Quantity

Size Door1: _____
 Height/m Width/m single-leaf sliding door

Size Door 2: _____
 Height/m Width/m single-leaf sliding door

Frequency range: _____
 f_{min} f_{max}

Quiet Zone: _____
 \varnothing /m Height/m Confirmation acc. to: _____

Homogeneous area: _____
 Width/m Height/m Confirmation acc. to: _____

Gases

_____ Dimensions of tubes (mm)

Water

_____ Dimensions of tubes

3.4 Accessories:

Turntable

_____ Ø/m

_____ load capacity/tons

Dynamometer

_____ Ø/m

_____ load capacity/tons

Antenna mast

_____ Height/m

_____ others

DUT-Monitoring:

Video

Audio

Lighting:

3.5 Absorber

Foam

Ferrite

Hybrid

Treadproof absorbers

Running boards/ladders

Others _____

Fully anechoic chamber

Semi anechoic chamber

5. Amplifier room

Dimensions:

_____ Length/m

_____ Width/m

_____ Height/m

Door size:

_____ Height/m

_____ Width/m

single-leaf

double-leaf

Ventilation/Air conditioning:

_____ No. of honeycombs

_____ Dimensions (H x W) mm

Feedthroughs:

_____ Please specify size and type

Filter:

_____ Quantity

single-phase

_____ Voltage

_____ Current

Quantity 3-phase Voltage Current/Phase

Quantity Telephone analogue ISDN

Finishing:

- false floor
- Suspended ceiling
- Lighting
- PVC-flooring
- Wallpaper

6. Acceptance measurement

Do you request a shielding effectiveness measurement after the installation of the shielding performed by an independent institute? (Certificate for the chamber)

Yes

No

Should a measurement of the quiet zone/homogeneous area be performed?

Yes

No

7. Submission of quotation:

By _____

This checklist was completed on (date) _____ by:

Name

Company

Telephone

Address

E-Mail

Postal Code / City