
Questionnaire Anechoic Chambers

1. General information

Company:
Address:
Postal code: City: Country:
Contact:
Title:
Phone: Fax:
E-mail:

2. Type of measurements

Please specify:

- Electromagnetic Emission:
- Electromagnetic Susceptibility / Immunity:
- Antenna Measurements (pattern / directivity / VSWR):
- Radar Cross Section:
- Electronic Warfare:
- Compact Range:
- Other:

3. Relevant specs

Please specify any relevant standards, draft standards, test procedures etc.

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4. Equipment under test

Please specify maximum size, weight and shape of relevant EUTs.

Size:

Weight:

Shape:

Will the EUT be placed on a turntable or positioner? YES / NO

Size:

Type:.....

5. Measurement conditions

Please specify:

- Fully or semi-anechoic:
- Far-field / Near-field / Compact Range:
- Antennas (type, gain etc.):
- Measurement distance:
- Frequency range:
- Polarization:
- Measurement accuracy of required performance:

6. Anechoic chamber facility

Is your anechoic chamber:

- A new chamber.
- In an existing building.
- Upgrade of existing facility.
- In a building to be built.

What is your preferred available measurement space (between absorbers)?

Length: Width: Height:

What is the maximum chamber size?

Length: Width: Height:

Size, type and location of doors:

(a small sketch would be appreciated)

Would you prefer a visit to discuss technical details? YES / NO

Preferred dates:

Please send your questionnaire to:

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WITH SINCERE THANKS FOR YOUR TIME