

Electromagnetic Compatibility (EMC) Test Plan

EQUIPMENT UNDER TEST (EUT)

**Atlas Compliance & Engineering, Inc.
1792 Little Orchard Street
San Jose, CA 95125**

**Main (408) 971-9743
OATS (831) 761-2223**

Customer: This product information form is required to process your testing and documentation in an efficient manner. Please complete the form fully without blanks placing "N/A" in areas that are not applicable. Please note the following:

The Model Number and Equipment Under Test (EUT) Name appearing herein will be used in the test report. Since test reports are official documents, any changes required after the release of the test report are subject to additional charge.

Email or Fax the completed form before the test is scheduled to begin to facilitate proper and efficient evaluation of your product. Testing cannot begin without this information.

Email to: info@atlasce.com

Fax to: (408) 971-9783
Attention: Reports
Technical Questions? Attention: Mario Baraona

Electromagnetic Compatibility (EMC) Test Plan

Date: _____

Company:	Contact:
Address:	Phone:
City, State:	FAX:
Zip:	E-mail:

**EUT Name: _____
**Model: _____ S/N: _____

Test Objective:		
Emissions		
<input type="checkbox"/> FCC Part _____ Subpart _____ Section _____		
<input type="checkbox"/> EN55011/CISPR11	<input type="checkbox"/> EN55014-1/CISPR14	<input type="checkbox"/> EN55022/CISPR22
<input type="checkbox"/> EN55103-1	<input type="checkbox"/> EN61326	<input type="checkbox"/> EN60601-1-2
<input type="checkbox"/> EN61000-3-2	<input type="checkbox"/> EN61000-3-3	<input type="checkbox"/> EN61000-6-3
<input type="checkbox"/> EN61000-6-4	<input type="checkbox"/> VCCI (CISPR22)	<input type="checkbox"/> BSMI (CISPR22)
<input type="checkbox"/> AS/NZ3548 (CISPR22)		
<input type="checkbox"/> Other _____ (please specify)		
Immunity		
<input type="checkbox"/> EN61000-6-1	<input type="checkbox"/> EN61000-6-2	<input type="checkbox"/> EN55014-2
<input type="checkbox"/> EN55024	<input type="checkbox"/> EN55103-2	<input type="checkbox"/> EN61326
<input type="checkbox"/> EN60601-1-2		
<input type="checkbox"/> Other _____ (please specify)		
Safety		
<input type="checkbox"/> UL/CSA	<input type="checkbox"/> EN60950	<input type="checkbox"/> EN61010
<input type="checkbox"/> Other _____ (please specify)		
Test reports		
<input type="checkbox"/> Required	<input type="checkbox"/> Bound	<input type="checkbox"/> CD-Rom
<input type="checkbox"/> Not Required	<input type="checkbox"/> Email	
Test will be		
<input type="checkbox"/> Attended by the customer.		
<input type="checkbox"/> Unattended by the customer.		
If a failure occurs, Atlas Compliance should,		
<input type="checkbox"/> Call contact list above, if not available then stop testing.		
<input type="checkbox"/> Continue testing to complete test series.		
<input type="checkbox"/> Continue testing to define corrective action.		
<input type="checkbox"/> Stop testing.		

Customer authorization to perform tests according to this test plan.	
_____	Date: _____
Test plan prepared by:	
_____	Date: _____

() PLEASE NOTE: Information in this box will be the information in your test reports.**

Electromagnetic Compatibility (EMC) Test Plan

1.0 EUT Documentation

This section provides the necessary documentation for detailing the Equipment Under Test (EUT). Descriptions of the equipment including software and documentation on installation and operations should be provided.

Additional documentation necessary for test plan completion should be attached to the back of the test plan. For additional instruction on how to complete your test plan contact your Atlas Compliance representative.

EUT Type & Description: _____

1.1.1 Components of EUT

(List each one separately. Add attachment if necessary. NOT TO INCLUDE PERIPHERALS.)

Description	Model Number	Serial Number	FCC ID Number

1.2 Operating modes: (list and describe; include failure criteria for immunity testing)

Electromagnetic Compatibility (EMC) Test Plan

1.3 EUT I/O Ports and Cables:

1.3.1 I/O Cables (Add attachment if necessary.)

CONNECTION:	
SHIELD:	
CONNECTORS:	
TERMINATION TYPE:	
LENGTH:	
REMOVABLE:	

CONNECTION:	
SHIELD:	
CONNECTORS:	
TERMINATION TYPE:	
LENGTH:	
REMOVABLE:	

CONNECTION:	
SHIELD:	
CONNECTORS:	
TERMINATION TYPE:	
LENGTH:	
REMOVABLE:	

CONNECTION:	
SHIELD:	
CONNECTORS:	
TERMINATION TYPE:	
LENGTH:	
REMOVABLE:	

Electromagnetic Compatibility (EMC) Test Plan

1.3.2 Power Cords (Add attachment if necessary.)

UNIT:	
MANUFACTURER:	
SHIELDED:	
LENGTH:	

UNIT:	
MANUFACTURER:	
SHIELDED:	
LENGTH:	

UNIT:	
MANUFACTURER:	
SHIELDED:	
LENGTH:	

1.3.3 Power requirements:

***Note:** European power is typically 230 VAC 50Hz or 415 VAC 50Hz, single and three phase, respectively. FCC requires testing to be performed at typical US power ratings at 60Hz.

- 230 VAC 50Hz -- single phase _20 Amps
- 415 VAC 50Hz -- three phase _____ Amps per phase
- 120 VAC 60Hz -- single phase _____ Amps
- _____ VDC _____ Amps
- Battery: _____ VDC Expected life: _____ Hours
- Other: _____ (describe)

Electromagnetic Compatibility (EMC) Test Plan

1.4 Oscillator Frequencies

Frequency	EUT Location	Description of use

1.5 Power Supply

Description	Manufacturer	Model #	Serial #	Switching frequency or linear

1.6 Power Line Filters

Manufacturer	Model #	Qty	LOCATION ON EUT

1.7 Critical EMI Components (Capacitors, ferrites, etc.)

Description	Manufacturer	Part # or value	Qty	LOCATION ON EUT

1.8 Description of Enclosure: (including Gasketing, Coatings, Bonding, etc.)

Electromagnetic Compatibility (EMC) Test Plan

1.9 Interfacing and/or Simulators Peripheral Equipment

(Please provide a complete description of all peripherals to be used during testing, please note that all I/O ports must be appropriately loaded)

DESCRIPTION:	
MANUFACTURER:	
MODEL NUMBER:	
SERIAL NUMBER:	
FCC ID:	

DESCRIPTION:	
MANUFACTURER:	
MODEL NUMBER:	
SERIAL NUMBER:	
FCC ID:	

DESCRIPTION:	
MANUFACTURER:	
MODEL NUMBER:	
SERIAL NUMBER:	
FCC ID:	

DESCRIPTION:	
MANUFACTURER:	
MODEL NUMBER:	
SERIAL NUMBER:	
FCC ID:	

DESCRIPTION:	
MANUFACTURER:	
MODEL NUMBER:	
SERIAL NUMBER:	
FCC ID:	

Electromagnetic Compatibility (EMC) Test Plan

1.10 System Configuration Block Diagram

Electromagnetic Compatibility (EMC) Test Plan

2.0 Facilities and Transportation

This sections provides the necessary information for facilities and transportation of the Equipment Under Test (EUT). Descriptions of facilities and modes of transportation are provided within.

2.1 Transportation of the Equipment Under Test (EUT):

- Small equipment: Transportation between sites by Customer.
- Small equipment: Transportation between sites by Atlas Compliance. (prior arrangements)
- Large equipment(***a Liftgate required***), transportation between sites by Customer.
- Large equipment(***a Liftgate required***), transportation between sites by Atlas Compliance. (prior arrangements)

2.2 Dimensions (inches) Length: Width: Height

2.5 Weight (pounds):

2.4 Facilities need:

- Air _____cfm, _____ psi
- Water _____gpm _____ psi
- PC based test bed with peripheral
- Telephone Jack N/A (describe)
- Other N/A (describe)

2.5 Please indicate any cables, connectors or peripheral equipment you would like us to have available on test day.
