

CAPACITOR

QUESTIONNAIRE

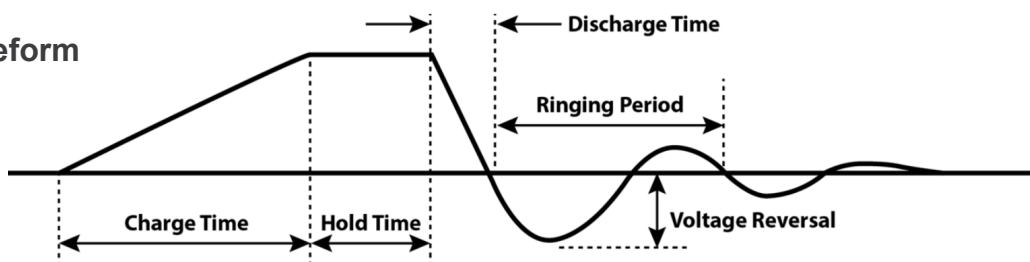
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RELEASED By: Blayne Monén
General Atomics
Configuration and Data Management
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Name: _____
 Company: _____
 City/State: _____
 Country: _____
 Phone: _____
 Email: _____

Voltage Waveform Parameters



Capacitance (µF): _____

*Tolerance (Tol): _____

Operating Voltage (kV): _____

Rated Voltage (kV): _____

Peak Current Normal (kA): _____

Peak Current Fault (kA): _____

Inductance (nH): _____

RMS Current (A): _____

Voltage Reversal Normal: _____

Voltage Reversal Fault: _____

Ringing Frequency Normal: _____

Ringing Frequency Fault: _____

Repetition Rate: _____

Charge Time: _____

Discharge Time: _____

* Hold Time (HT): _____

Duty Cycle Continuous: _____

Duty Cycle Burst Mode: _____

* Operating Temperature (Temp): _____

Storage Temperature: _____

Operating Pressure: _____

In Air, Oil or Dielectric Gas: _____

Case Size: _____

** Case Style: _____

Bushing/Terminal Type: _____

Design Life (90% survival): _____

Prototype Quantity: _____

Production Quantity: _____

Required Information - Failure to include all required information will cause a delay in the quotation process

* Required if not standard (Tol<±10%, Temp>25°C, HT>10sec)

** Welded metal, drawn metal can, plastic single or double ended

Additional information about your application:

