# Scientific And industrial Testing and Research Centre, Coimbatore-641006

### **Electrical Testing Laboratory**

#### SERVICE REQUEST FORM

## TESTING OF STEEL SHEETS FOR MAGNETIC CIRCUITS OF POWER ELECTRICAL APPARATUS (As per Customer Requirements)

Code No.

| Description of Sample        |                   |             |                |    |  |  |  |
|------------------------------|-------------------|-------------|----------------|----|--|--|--|
| Nomenclature                 | TORROID           | # DIMENSION | OD             | mm |  |  |  |
| ID. NO                       |                   |             | ID             | mm |  |  |  |
| # DENSITY                    | g/cm <sup>3</sup> |             | CORE<br>LENGTH | mm |  |  |  |
| # FREQUENCY<br>(50-400Hz)    | Hz                |             | THICKNESS      | mm |  |  |  |
| No., of primary<br>Winding   |                   |             |                |    |  |  |  |
| No., of Secondary<br>Winding |                   |             |                |    |  |  |  |

| Test Requirements |                  |             |  |  |
|-------------------|------------------|-------------|--|--|
| SI.<br>No.        | Name of the test | Requirement |  |  |
| 1.                | *BH CURVE        | YES/NO      |  |  |

Y- Required ,NR - Not Required, Put Y or NR for test requirements,

#### Note:

- 1. Kindly issue separate SRF Form for each sample
- 2. The tests marked with an \* are not accredited by NABL.
- 3. Marked with an # are Mandatory Fields

SLFEL265/ 01-00 / 01-20

| Name and Address of the Customer in Test Report | Ref Doc. Details :         |
|---|----------------------------|
| Name and Address of the Customer in Invoice     | Contact Person:  Phone No. |
| Sample Inward No.                               | Date                       |

| For Si'Tarc |             | Customer |             |
|-------------|-------------|----------|-------------|
| Date:       | Sign & Name | Date:    | Sign & Name |