# 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 - STRIP (As per Customer Requirements)

| $\sim$  |   |   |   |         |
|---------|---|---|---|---------|
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**Description of sample** 

| Name of the test sample | Steel sheets for magnet | eets for magnetic circuits of power electrical apparatus - STRIP |                     |  |
|-------------------------|-------------------------|--|---------------------|--|
| ID. NO                  |                         | # STRIP SIZE   | WIDTH 28 mm (max)   |  |
| # DENSITY               | g/cm <sup>3</sup>       | (Max)  | LENGTH 280 mm (max) |  |
| # FREQUENCY             | At Hz (50Hz to 400Hz)   | # NO. OF STRIPS  | 24 No's (Min)       |  |
|                         | 1.5 T                   | # GRADE  |                     |  |
|                         |                         |  |                     |  |
|                         |                         |  |                     |  |

| Test R  | Test Requirements (12) |             |      |  |
|---|------------------------|-------------|------|--|
| SL.<br>NO.  | NAME OF THE TEST       | REQUIREMENT |      |  |
| 1.  | BH CURVE               | YE.         | S/NO |  |
| Y- Required, NR – Not Required, Put Y or <b>NR</b> for test requirements, |                        |             |      |  |

#### NOTE: -

- 1. Samples should be without "Bend", free from Burrs & Rust.
- 2. Marked with a # are Mandatory Fields

SLFEL267/ 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 |