

	DESIGN SPECIFICATION DATA	Sales Engineer : _____ Reference : _____ Date : _____		
Company Name : <input style="width: 80%;" type="text"/> Contact : <input style="width: 20%;" type="text"/>				
Product PT-NR : <input style="width: 80%;" type="text"/> Project : <input style="width: 20%;" type="text"/> Yearly Quantities : <input style="width: 20%;" type="text"/>				
FLYBACK TRANSFORMERS				
Market : <input type="checkbox"/> AIRSPACE <input type="checkbox"/> AVIONICS / DEFENCE <input type="checkbox"/> RAILWAY SYSTEMS <input type="checkbox"/> Other : <input type="checkbox"/> TELECOM <input type="checkbox"/> INDUSTRY <input type="checkbox"/> AUTOMOTIVE <input type="checkbox"/> CONSUMER				
Environment : Vibrations and/or shocks : <input style="width: 30%;" type="text"/> Acceleration : <input style="width: 30%;" type="text"/> Humidity : <input style="width: 20%;" type="text"/> Operating T° : <input style="width: 20%; border: 1px solid black;" type="text"/> Min/Max Storage T° : <input style="width: 20%; border: 1px solid black;" type="text"/> Min/Max				
Applied Standards : <input style="width: 80%;" type="text"/>				
Functioning Mode : <input type="checkbox"/> CONTINUOUS Max. permissible ripple current : <input style="width: 30%;" type="text"/> <input type="checkbox"/> DISCONTINUOUS Max. RMS primary current : <input style="width: 30%;" type="text"/>				
Magnetizing Inductance : Value : <input style="width: 30%;" type="text"/> Tolerance : <input style="width: 30%;" type="text"/>				
Primary Voltage / Duty Cycle : Ve Min / δ Max : <input style="width: 15%; border: 1px solid black;" type="text"/> <input style="width: 15%; border: 1px solid black;" type="text"/> Ve Max / δ Min : <input style="width: 15%; border: 1px solid black;" type="text"/> <input style="width: 15%; border: 1px solid black;" type="text"/>				
Secondary Characteristics :				
Output power range : <input style="width: 20%;" type="text"/> Diode voltage drop : <input style="width: 20%;" type="text"/> Working frequency : <input style="width: 20%;" type="text"/>				
Rectified voltage (Vdc) : Vs 1 <input style="width: 20%; border: 1px solid black;" type="text"/> Vs 2 <input style="width: 20%; border: 1px solid black;" type="text"/> Vs 3 <input style="width: 20%; border: 1px solid black;" type="text"/> Vs 4 <input style="width: 20%; border: 1px solid black;" type="text"/>				
Current (Adc) : Is 1 <input style="width: 20%; border: 1px solid black;" type="text"/> Is 2 <input style="width: 20%; border: 1px solid black;" type="text"/> Is 3 <input style="width: 20%; border: 1px solid black;" type="text"/> Is 4 <input style="width: 20%; border: 1px solid black;" type="text"/>				
Shield : Prim. / Sec. : <input style="width: 30%; border: 1px solid black;" type="text"/> Sec. / Sec. : <input style="width: 30%; border: 1px solid black;" type="text"/>				
Isolation : Prim. / Sec. : <input style="width: 30%; border: 1px solid black;" type="text"/> Sec. / Sec. : <input style="width: 30%; border: 1px solid black;" type="text"/> Windings / Shields : <input style="width: 30%; border: 1px solid black;" type="text"/> Windings / Ground : <input style="width: 30%; border: 1px solid black;" type="text"/>				
Maximum Dimensions : Length : <input style="width: 20%; border: 1px solid black;" type="text"/> Width : <input style="width: 20%; border: 1px solid black;" type="text"/> Height : <input style="width: 20%; border: 1px solid black;" type="text"/>				
Report Mode : <input type="checkbox"/> SMD <input type="checkbox"/> THROUGH-HOLE <input type="checkbox"/> WIRES <input type="checkbox"/> Other : _____				
Finish : <input type="checkbox"/> Box <input type="checkbox"/> Gravity molding <input type="checkbox"/> Transfer molding <input type="checkbox"/> Coating <input type="checkbox"/> None <input type="checkbox"/> Dip impregnation <input type="checkbox"/> Vacuum impregnation <input type="checkbox"/> Injection				
Marking : <input style="width: 50%;" type="text"/>		Sticker on Packing : <input style="width: 50%;" type="text"/>		
Packing : <input type="checkbox"/> LOOSE <input type="checkbox"/> STICK <input type="checkbox"/> REEL <input type="checkbox"/> TRAY <input type="checkbox"/> UNITARY				
MECHANICAL DRAWING	LAYOUT			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 100px;"></td><td style="width: 50%; height: 100px;"></td></tr> </table>				

IQ04/01/05a

Please return by fax this completely filled document at : +33.3.82.51.00.49

