

# Questionnaire for planning a telemetry project



Please fill in this questionnaire as complete as possible and send it as fax, letter or email back to us. Please check also your name and address and change or complete if necessary.

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Comp.:

Name:

Dep.:

Street:

City code, city:

Tel.:

Fax.:

email:

Date:

Application and location: (Kind of measurement):
How many measurement Values are to transfer:
Number of measurement Channels:
Kind of transducers, if already fixed:
Input contacts (soldered or plugged):
Measurement values Static or dynamic:
If dynmic values min and max Signal frequency (frequency range):
Environmental conditions: <ul style="list-style-type: none"> <li>• Temperature: _____</li> <li>• Humidity: _____</li> <li>• Pressure: _____</li> <li>• Dirt: _____</li> <li>• Electrical or magnetical stray field: _____</li> <li>• Shock and vibration: _____</li> <li>• Linear acceleration: _____</li> <li>• Additional remarks: _____</li> </ul>
Distance between transmitter and receiver:
Is the transmitter moving during measurement:

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