

RHEIN TECH LABORATORIES, INC.

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PRODUCT SAFETY QUESTIONNAIRE

Company Name:					
Company Address:					
City:		State:		Zip:	
Phone:		Fax:		E-mail:	

PRODUCT:

Product Description (product name, product model, etc.).

Product Application (function, description, etc.).
Please, specify if this product is one unit or a system of interconnected devices.

Power description and rating and Supply Connection (AC (one or three phase power, please, specify) or DC, voltage and current, type plug, etc.):

Are there any circuits that exceed SELV (42.4 VAC or 60VDC)?
 No Yes please describe. Also, please, give information about the highest voltage in the device:

Can product be connected to public telephone network?
 No Yes please describe, including the number of connections:

Intended Market (Country, Customers):

SERVICE DESIRED:

- Evaluation for Low Voltage Directive (LVD)
- Agency Certification desired (UL, CSA, etc.):
- Other safety evaluation, please describe:

ADDITIONAL INFORMATION:

For accurate quotation please supply the following information:

- User Manual
- Parts List
- Schematics
- Board layout diagrams

Please submit this form to: Galina Yushina – Safety Compliance Engineer, at the above fax number or Email:
gyushina@rheintech.com