



Application questionnaire for Fault Detection with Eddy Current



FAULT DETECTION

Please complete all relevant information

Parameter: All dimensions are in metric system (Millimeter, Meter) imperial system (Inches, Feet)

Application description (Send us if possible a photo or a drawing of your application) _____

Machine builder _____

Type of material

<input type="checkbox"/> Carbon Steel	<input type="checkbox"/> Stainless steel non-magnetic
<input type="checkbox"/> Non ferrous material	<input type="checkbox"/> Stainless steel magnetic
<input type="checkbox"/> Aluminum	<input type="checkbox"/> _____

Material code (s) _____ (e.g DIN 1.4517 or AISI 304 etc.)

Material shape

<input type="checkbox"/> Strand	<input type="checkbox"/> Tube
<input type="checkbox"/> Wire	<input type="checkbox"/> Bar
<input type="checkbox"/> Cable	<input type="checkbox"/> Hollow profile
	<input type="checkbox"/> _____

Material profile

<input type="checkbox"/> Round	<input type="checkbox"/> Rectangular
	<input type="checkbox"/> _____

Material dimensions

<input type="checkbox"/> Only 1 size to be tested	<input type="checkbox"/> Several sizes, number
	<input type="checkbox"/> _____

Round

Diameter from _____ mm to _____ mm

Wall thickness from _____ mm to _____ mm

Rectangular

Rectangular (e.g. 20 x 30 mm) from _____ x _____ mm to _____ x _____ mm

Test of

<input type="checkbox"/> Continuous material	<input type="checkbox"/> Single samples in length
	_____ (Single samples with a certain length of ...)

Material conditions temperature from _____ °C to _____ °C

Quality control interface Yes No



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Material velocity	<input type="checkbox"/> Continuous operation with constant velocity
	<input type="checkbox"/> Continuous operation with adapted velocity
	<input type="checkbox"/> Start-Stop operation with a certain velocity
	from _____ mm/s
	to _____ mm/s
	<input type="checkbox"/> Holes <input type="checkbox"/> Scratches
	<input type="checkbox"/> Lateral
	<input type="checkbox"/> Longitudinal
Type of defects to detect	_____ (L) x _____ (W) x _____ (D) mm
	<input type="checkbox"/> Structural changes
	_____ (Description of the structural change) Please describe
	_____ (Other types of defects to detect) Please describe
Actual test system in use	_____ (Manufacturer) Please describe
	_____ (Type) Please describe

Address:	
Name	_____
Company	_____
Department	_____
Street / Postal code	_____
ZIP / City	_____
Country / Region	_____
Phone	_____
Fax	_____
Email	_____ @ _____