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SURVEY FORM

List names of personnel who have intimate knowledge of the problem(s).

Describe nature of the problem (data loss, lockups, component damage, flickering lights, etc.).

When do problems occur (time of day, day of week)?

Do problems occur randomly or regularly ? (Check One)

Do problems occur during thunderstorms?

Yes No (Check One)

Do several problems occur at once (e.g. lights flicker, motors slow, systems shut down)?

Yes No (Check One)

List related incidents occurring at the same time (lights flicker, motors slow).

How long have you been experiencing problems?

List and describe all equipment affected.

List existing protection equipment currently in service on site (surge suppressors, isolation transformers, power conditioners, etc.).

Have you checked all wiring and grounding (missing, bad or improper connections, impedance, reversed polarity)?

Yes No (Check One)

Have you checked the quality of your AC voltage with a True RMS meter?

Yes No (Check One)

Have you recently expanded your facility or engaged in any renovations that could affect your power supply?

Yes No (Check One)

Are the problems you're experiencing limited to your facility?

Yes No (Check One)

What's your hunch about the source of the problem?

Do you have several large pieces of equipment operating on the same current (e.g. air conditioner, copiers, welders)?

Yes No (Check One)

Do you have an uninterruptible power supply (UPS) to back up critical systems?

Yes No (Check One)

Do you have surge suppressors or power conditioners in service?

Yes No (Check One)

Do power disturbances slow or stop production?

Yes No (Check One)

Are you experiencing product quality problems?

Yes No (Check One)

Which best describes the magnitude of the problem at this point?

Nuisance Disruptive Mission Critical..