E6A-224 – VNA Station Booking

Applicant (Print name, sign & date):
Applicant’s supervisor (where applicable) (Print name, sign & date):

Which unit do you want to use (Manufacturer, model):

Are you authorised to use this equipment without assistance? Yes/No

At what frequency range are you operating?

Does this require removal of the 3.5 mm SMA-compatible keepers? Yes/No

If yes, have your connectors been measured to ensure they meet the required standard?
Diameter of connector pin: Specification ______ Measured value ______
Length of connector pin: Specification ______ Measured value ______

Have you prepared a power budget for your proposed test? Yes/No

Have you been able to check the accuracy of your power budget? Yes/No
If “No” please incorporate this check as part of your test plan.

Is the proposed input power to the test side at least 10dB below the maximum input power for the instrument? Yes/No
If “No” please redesign your test procedure.

Are you aware of how to access the results data? Yes/No

Date & Time assigned:

Trainer’s Name (if applicable):

Trainer’s Report (if applicable)

_________ (name of user) has has not (circle as applicable) demonstrated sufficient proficiency to use this instrument without supervision in future.

Name (print & sign):

Date:

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