E6A-224 – Request for Access to VNA Stations

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

Have you completed a laboratory induction? Yes/No
If no, please complete an induction form and arrange for a tour

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

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 been shown how to use the instrument? Yes/No
If “No” please contact the laboratory manager to arrange a supervised introduction.

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 discuss arrangements to make this check with the Laboratory Manager.

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

Authorisation granted
Name (print): 
Authority: 
Date: 

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