

## SOLAR SIMULATION - Questionnaire

### General

Company: \_\_\_\_\_

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone : \_\_\_\_\_

E-mail: \_\_\_\_\_

Project: \_\_\_\_\_

### Application

What kind of test(s) do you want to do?

Ageing Tests       Solar Heat Load Tests       Others

Others, please describe: \_\_\_\_\_

\_\_\_\_\_

What type of specimens will be tested?

Complete Vehicles       Components  \_\_\_\_\_

\_\_\_\_\_

Typical dimensions of specimens?

Length \_\_\_\_\_

Height \_\_\_\_\_

Width \_\_\_\_\_

If complete vehicles are tested, please indicate the min. and max. dimensions.

**Specifications**

Do you intend to run a specific standard (DIN, ISO, ASTM, IEC, etc....)?

\_\_\_\_\_

\_\_\_\_\_

A specific option/method? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Solar Simulation System**

Size of target area or target volume?

Length \_\_\_\_\_

Height \_\_\_\_\_

Width \_\_\_\_\_

What's the required irradiance level (280-3.000 nm) in W/m<sup>2</sup>: \_\_\_\_\_

What's your required spatial irradiance homogeneity in ±%: \_\_\_\_\_

Requirements on spectral irradiance distribution: \_\_\_\_\_

(e.g. global solar radiation according CIE 85 (Table 4))

Do you want the solar simulator

Fixed  Moveable

If moveable, please describe needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What type of control system do you prefer?

Manual  Automatic  External

If automatic and/or external control, please describe your needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would be the average distance for cable routing between the electrical supply rooms (installation of our electrical cabinets) to the solar simulation system? \_\_\_\_\_

What kind of electrical supply is available in your facility?

(Voltage/Frequency/Power) \_\_\_\_\_

**Ambient operation and installation conditions**

What are the inner dimensions of your test chamber:

Length \_\_\_\_\_

Height \_\_\_\_\_

Width \_\_\_\_\_

What are the ambient conditions for the system inside the chamber

Not in operation / In operation

Temperature (°C) \_\_\_\_\_ / \_\_\_\_\_

Rel. Humidity (r.H.) \_\_\_\_\_ / \_\_\_\_\_

What are the ambient conditions for the electrical cabinets

Temperature (°C) \_\_\_\_\_

Rel. Humidity (r.H.) \_\_\_\_\_

**Only if available, please supply a sketch of your test facility and preferred test arrangement.**

**Thank you for your assistance.**