|  |  |  |  |
| --- | --- | --- | --- |
| Name & Title: |   | Date: |   |
| Company: |   | Phone: |   |
| Address: |   | E-mail: |  |
| City/State/Zip: |   | **Final Application:** |   |

**Thyratrons Operating Parameter Questionnaire**

|  |  |
| --- | --- |
| Application: |  |
| Discharge Circuit and Current Waveform (if available)  |  |
| **THYRATRON CONDITIONS**  | **MIN**  | **TYP**  | **MAX**  |
| ANODE VOLTAGE (kV)  |  |  |  |
| ANODE INVERSE VOLTAGE  |  |  |  |
| PEAK FORWARD CURRENT  |  |  |  |
| PEAK REVERSE CURRENT  |  |  |  |
| CURRENT PULSE WIDTH  |  |  |  |
| AVERAGE CURRENT  |  |  |  |
| RATE OF RISE OF CURRENT  |  |  |  |
| TOTAL CAPACITANCE CHARGED  |  |  |  |
| PULSE REPETITIONS RATE  |  |  |  |
| CURRENT PULSE SHAPE  |  |  |  |
| LIFE TIME EXPECTANCY  |  |  |  |
| Cooling mode: |
| Operating mode (continuous, burst – pulses per burst, burst prf): |
| Usage (Hours a Day, Hours a Week): |
| Other requirements: |

Comments / further description of the system: