

Please send back the questionnaire to c.brenncke@zera.de or fax +49 2223 704 70
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Questionnaire for CT/VT test equipment

Please clarify all questions as far as possible with customer
and put the info down into the corresponding fields.

Requirement	Remarks
1. Suitable for Testing of	CT only VT only CT/VT both
2. Control of testing	Automatic Semi automatic manual
3. Primary current of CTs which you want to test from this system	Specify I_{max} and Nominal current and ranges required dynamic range e.g. 1..120% of I_n or 1..200% of I_n .
4. Secondary of CT	1A only 5A only 1A and 5A both other ranges:A ,A ,A
5. Class of CT/VT under test	
6. Type of CT Core type window/ring type	
7. Required secondary burden of CT under test	
8. Reference standard for testing IEC or ANSI (CT)	
9. Do you want to conduct test other than accuracy test from the system (CT)	specify the test name, standards, magnitude etc

10. Primary voltage of VT under test	specify max. to min in detail also specify single pole type, double pole type
11. Secondary voltage of VT under test	
12. Required secondary burden of VT under test	
13. Do you want to conduct test other then accuracy test from the system (VT)	specify the test name, standards, magnitude etc
14. Reference standard for testing IEC or ANSI (VT)	
15. Do you have any required component at present or you want complete system	Specify the detail of existing system
16. What accessories you will need e.g. Peak voltmeter suspension desk HV rails CT demagnetisation	
17. Software language	English or German or Other
18. Do you want that system should be certify by the PTB. It is also possible that only standard CT/VT and comparator and burden can be certify by the PTB	