

Thyratron Enquiry Operating Parameters Form

Please complete as accurately as possible to allow the most suitable thyratron to be recommended. All information is treated in the strictest confidence.

Please fill in this form and send as a PDF or photocopy to sales@aepint.nl and AEP Components will recommend the most suitable thyratron.

| Company Name and Address: | | | | | | | | |
|---------------------------------------|-------------|---------|----------|---|--------------|-----------------|---------------|--|
| | | | | | | | | |
| Contact Name: | | E-Mail: | | | | | | |
| Position: | | | | | | | | |
| Telephone No.: | | | Fax No.: | | | | | |
| Application: | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Thyratron Conditions | | MIN | | | TYP | MAX | | |
| Anode voltage | | | | | | | | |
| Anode inverse voltage | | | | | | | | |
| Peak forward current | | | | | | | | |
| Current pulse width | | | | | | | | |
| Peak reverse current | | | | | | | | |
| Average current | | | | | | | | |
| Rate of rise of current | | | | | | | | |
| Total capacitance switched | | | | | | | | |
| Repetition rate | | | | | | | | |
| Current pulse shape | | | | | | | | |
| Time available for thyratron recovery | | | | | | | | |
| Cooling medium Oil | | | | | Forced-air | Other (specify) | $\overline{}$ | |
| Operating mode | Continuous | | urst | ᆜ | Pulses/burst | Burst PRF | + | |
| Usage mode | Hours/Day | | uist | | Hours/Week | Hours/Month | | |
| Special requirements | 110013/ 207 | | | | Tiodisj Week | 110013/11011111 | | |
| opedia: requirements | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| The makes a singuit | | | | | | | | |
| Thyratron circuit | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |



Phone: (+31)78-692 2100 Fax: (+31)78-692 2109 Email: sales@aepint.nl

Web: www.aepint.nl/components/