

CONFIDENTIAL CUSTOMER REQUIREMENTS FOR ACOUSTIC VENTS



Portable Electronic Vents

DATE: _____

Contact Info	COMPANY:	DIVISION OF:
	CONTACT:	POSITION:
	STREET ADDRESS:	PHONE:
	CITY/STATE/ZIP:	E-MAIL:

Application Info	Project Name / Code:	
	Description of product and its application:	
Acoustic Info	<ul style="list-style-type: none"> What is the vent geometry and size needed to protect the transducer? <ul style="list-style-type: none"> <input type="checkbox"/> Circular - ID(mm):_____ OD(mm):_____ Thickness(mm): _____ <input type="checkbox"/> Rectangle - ID Width(mm): _____ ID Length(mm): _____ OD Width(mm): _____ OD Length(mm): _____ Thickness(mm): _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Preliminary Vent Part Drawing/sketch attached 	
	<ul style="list-style-type: none"> What do you expect the Acoustic Vent part to do? <ul style="list-style-type: none"> <input type="checkbox"/> Ambient Environment Protection <input type="checkbox"/> Lowest Attenuation <input type="checkbox"/> Best Acoustic Performance <input type="checkbox"/> Smallest Size/Thickness <input type="checkbox"/> OTHER: _____ Based on the combination of design targets stated herein, is there any design modification flexibility to enhance acoustic performance? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, brief description or drawing of dimensional or design flexibility: _____ 	
	<ul style="list-style-type: none"> What is the housing/enclosure material to which the Acoustic vent will be applied? <ul style="list-style-type: none"> <input type="checkbox"/> PC <input type="checkbox"/> PP <input type="checkbox"/> PET <input type="checkbox"/> PA <input type="checkbox"/> Stainless <input type="checkbox"/> Aluminum <input type="checkbox"/> Glass <input type="checkbox"/> Painted <input type="checkbox"/> OTHER: _____ 	
	<ul style="list-style-type: none"> Will the vent be under compression once installed? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, Targeted force or estimated compression amount?: _____ Color Preference? <ul style="list-style-type: none"> <input type="checkbox"/> BLACK <input type="checkbox"/> WHITE 	
	<ul style="list-style-type: none"> What is the transducer type? <ul style="list-style-type: none"> <input type="checkbox"/> Microphone <input type="checkbox"/> Speaker <input type="checkbox"/> OTHER: 	
Testing & Environmental Info	<ul style="list-style-type: none"> What is the operating frequency range of the transducer? <ul style="list-style-type: none"> _____ to _____ Hz What are the acoustic requirements/specifications? (Frequency response, transmission loss, acoustic impedance, acoustic dampening/noise reduction, sound pressure level, harmonic distortion, etc?) <ul style="list-style-type: none"> _____ dB loss @ _____ Frequency (Hz) Additional Comments/Performance Targets: 	
	<ul style="list-style-type: none"> What are the design requirements for Ingress Protection? (Dust & Splash/Dust & Immersion) <ul style="list-style-type: none"> IP: <input type="checkbox"/>53 <input type="checkbox"/>54 <input type="checkbox"/>64 <input type="checkbox"/>65 <input type="checkbox"/>66 <input type="checkbox"/>67 <input type="checkbox"/>68 <input type="checkbox"/> OTHER: _____ Time @ Depth: _____ Ambient use conditions? <ul style="list-style-type: none"> <input type="checkbox"/> Rain/Wind Driven Rain <input type="checkbox"/> Splash <input type="checkbox"/> Immersion <input type="checkbox"/> Dust/Dirt <input type="checkbox"/> Caustics <input type="checkbox"/> UV exposure <input type="checkbox"/> Other: _____ What fluids could the device come in contact with in the field? <ul style="list-style-type: none"> <input type="checkbox"/> Water <input type="checkbox"/> Salt Water <input type="checkbox"/> Soapy Water <input type="checkbox"/> Other: _____ What is the targeted ambient temperature range? <ul style="list-style-type: none"> Typ. Min.: _____°C Typ. Max.: _____°C Cycle time: _____ How will the vent be tested and validated as "Fit-for-Use" in the Application? 	
Other	<ul style="list-style-type: none"> Timing & Volume Estimates for Commercialization? <ul style="list-style-type: none"> Est. Dates for EVT: _____ DVT: _____ PVT: _____ MP: _____ Est. Annual Volume: _____ Vents per device: _____ Do you have a need for other acoustic or system pressure vents in this application? <ul style="list-style-type: none"> <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, BRIEF DESCRIPTION: _____ 	