

MYRON ZUCKER

FACILITY QUESTIONNAIRE

Thank you for taking the time to fill out this "Facility Questionnaire." The purpose of this questionnaire is to acquire information that will help Myron Zucker, Inc. help you. With this, we can determine the amount of power factor correction and/or the amount of harmonic filtering required for your facility. It will also help us determine where this equipment should be connected to your power system.

Please complete each item to the best of your ability. If some of the information requested is not available, please submit the questionnaire as complete as possible, and we will contact you to discuss your specific application. Please fill out one questionnaire for each power transformer. If your equipment list will not fit in the space provided, please attach a separate sheet of paper. Again, thank you for your time.

NAME: _____

TITLE/JOB FUNCTION: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

TELEPHONE #: _____ **MOBILE #:** _____

FAX #: _____ **E-MAIL ADDRESS:** _____

DATE QUESTIONNAIRE COMPLETED: _____

Please return this questionnaire either by:

EMAIL techsupport@myronzucker.com

FAX 586-979-9484

MAIL Myron Zucker, Inc.

36825 Metro Court

Sterling Heights, MI 48312

A. INDOOR ☐ OUTDOOR ☐

B. SERVICE ENTRANCE DATA

A. 1. kVA of transformer: _____ kVA

A. 2. Transformer secondary voltage: _____ V_{RMS}

*A. 3. Transformer impedance (%Z): _____ %

*A. 4. Transformer SC capacity (short circuit): _____ kVA

A. 5. Power Usage

(Please include copies of electric utility bills for the previous 12 months.

Most of the information requested below can be determined from copies

of the electric utility bills, but please enter whatever information is available.)

*a. Maximum kilowatt demand _____ kW

*b. Maximum kilovolt ampere demand _____ kVA

*c. Reactive kilovolt ampere demand _____ kVAr

*d. Minimum present power factor _____ 0. _____

e. Minimum power factor limit by utility _____ 0. _____

(If not known, please request rate structure from your electric utility.)

A. 6. Are there any high-voltage capacitors on the primary side of the transformer? ☐ Yes ☐ No

If Yes, Rated kVAr: _____ kVAr

If Yes, Rated Voltage: _____ V_{RMS}

A. 7. Are there any capacitors on the secondary side of the transformer? ☐ Yes ☐ No

If Yes, Rated kVAr (total): _____ kVAr

B. PLANT LOAD DATA

B. 1. List all standard motors (larger than 25 HP)

Location and/or equipment name

HP

RPM

* Not mandatory initially.

B. 2. List all variable speed and DC drives (larger than 10 HP or 10 kW)

Location and/or equipment name	HP or kW	Pulse
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. 3. Total HP or kW of drives to be installed in the next 12 months: _____ HP / kW

B. 4. List other nonlinear loads (e.g., UPS, battery charges, plating rectifiers, ARC furnaces, etc.):

Location and/or equipment name	kW or kVA
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. 5. Does your facility have any LED lighting? ☐ Yes ☐ No

If yes, please provide total wattage of LED lighting within facility: _____

Do you plan to install new or additional LED lighting in the future? ☐ Yes ☐ No

B. 6. List any existing power factor capacitors.

Location and/or equipment name	kVAr	Voltage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. 7. Please submit one-line electrical system diagram.

EXAMPLE
ONE-LINE ELECTRICAL SYSTEM DIAGRAM

