FF-283 FOUNDATION Fieldbus

Interoperability or Conformance Test Request

This completed form and a purchase order is used to request test time in our lab for a single device or product. Time will be scheduled as available but will be as close as possible to the date that is requested. Request one 5-day work week ONLY per device.

Contact Information			
Company Name			
Contact Name			
Email Address			
Phone Number			
Device / Product Information			
Device Model Name			
Product Type / Category			
MANUFAC_ID	0x	DEV_TYPE	0x
DEV_REV	0x	COMPATIBILITY_REV	0x
CSD Support? _____ Instantiation Support? _____ Number of Capability Levels?_____			
Optional FDI Package Test? YES ☐ NO ☐ (DD4, DD5, and CFF file are MANDATORY)			
Requested Test Type – Check only ONE Box			
H1 Device IT		HSE Device IT	☐
Linking Device CT	☐	HSE Device CT	☐
H1 Physical Layer CT		HSE Stack CT	☐

Requested Test Week (5 Day Work Week, M-F): _____

***Do you wish to witness the test? _____ Witness Name_____**

(*Witnessed tests will incur additional fees and a longer wait for lab time.)

Pre-Requisites for H1 Device Interoperability Test *These requirements must be met before an ITK test can begin* If test is complete, mark YES. If not, mark NO and provide the date of the test.			
H1 Stack Conformance Tested?	YES	NO	Scheduled Test Date:
H1 Physical Layer Self-Tested?	YES	NO	Scheduled Test Date:

Function Blocks Implemented *Complete this section ONLY if testing an H1 or HSE Field Device* Enter the total number of permanent + default blocks of each type									
AI		PID		CHAR		MAI		TOT	
AO		AR		OS		MAO		BG	
DI		IS		CS		MDI		LL	
DO		IT		AALM		MDO		Custom	

Transducer Blocks Implemented *Complete This section ONLY if testing an H1 or HSE Field Device* Enter the total number of blocks of each type			
Temperature TB (Profiles 0x11a, 0x160, 0x119, 0x159)		Flow TB (Profile 0x113)	
Positioner TB (Profiles 0x161, 0x162, 0x163)		Pressure TB (0x115, 0x158)	
Custom TB		SCP TB (0x168)	