



Sputtering Diagnostic Questionnaire

If you would like a recommendation as to how we can help solve a technical issue you are having with your sputtering process, please complete this questionnaire and we will try to respond to you as quickly as possible.

Contact Information:

Name: _____ **Organization:** _____
Title: _____ **Address:** _____
Email: _____ **City:** _____
Phone: _____ **State, Zip:** _____
Fax: _____ **Country:** _____

Application Information:

1. **What is your application category?** _____
(Semiconductor, Optical, Glass Coating, Wear Coating, Medical, Decorative, Packaging, Solar, or Other)
2. **What is your Substrate Material?** _____
3. **What is your Substrate Size?** _____
4. **Is your substrate** _____ **Static** _____ **Rotating** (_____ **Single Axis** _____ **Dual Axis**)
or _____ **Linear Motion?**
5. **What Target Material is being used?** _____
6. **What Type of System is being used?** _____
(In-Line, Batch Coater, Bell Jar, etc)
7. **What is your Sputtering Orientation?** _____ **Up** _____ **Down** _____ **Side** (Vertical or Horizontal)
8. **What is the Source-to-Substrate Distance?** _____
9. **What is your Target Size?** a. **Length:** _____ **Width:** _____ **Thickness:** _____
or b. **Diameter:** _____ **Thickness:** _____
10. **Is the target bonded?** _____
11. **Is it a** _____ **Direct** or _____ **Indirect-Cooled target?**
12. **Is the cathode mounted** _____ **Internal** or _____ **External?**

