

Date: \_\_\_\_\_

### Continuous and Point Level

Company Name:	Customer Contact Name:
Customer Address:	Phone and Fax:
City, State, Zip:	Cell Phone:
Sales Person/Rep:	Email:
Representative Firm:	Tag Number:

### Process Material

1. Description/Name: \_\_\_\_\_  Solid  Liquid

2. What is the density of the process material? \_\_\_\_\_  SG  kg/m<sup>3</sup>  lb/ft<sup>3</sup>

3. Process Temperature: Max: \_\_\_\_\_ Operating: \_\_\_\_\_  °F  °C

4. Process Pressure: Max: \_\_\_\_\_ Operating: \_\_\_\_\_  psig  bar




5. Do any of the above parameters change during operation?  Yes\*  No  
 \*If yes, which parameter(s) and what are their ranges? \_\_\_\_\_

6. What is the density of vapor above the process? \_\_\_\_\_  SG  kg/m<sup>3</sup>  lb/ft<sup>3</sup> at \_\_\_\_\_ °F \_\_\_\_\_ °C  
 and \_\_\_\_\_  psig  bar  N/A

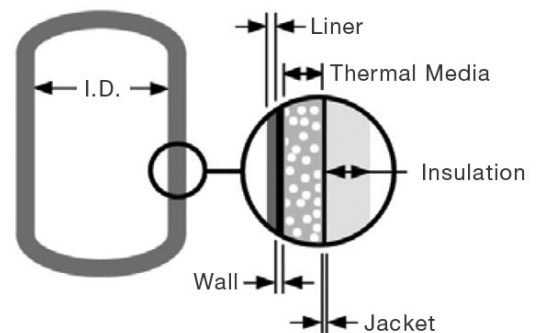
7. Process Build Up on Vessel Wall:  Yes\*  No  
 \*If yes, how much? \_\_\_\_\_  in  mm

### Measurement Description

8. Measurement Type:  Interface\*  Continuous Level  High Point Level  Low Point Level  
 \*If Interface, density of upper phase: \_\_\_\_\_  SG  kg/m<sup>3</sup>  lb/ft<sup>3</sup>

9. Shape of vessel:   Vertical   Horizontal   Cone  Other: Please Attach Sketch

Vessel Dimensions (choose: <input type="checkbox"/> in or <input type="checkbox"/> mm)					
Vessel inner diameter or width					
Measurement range* (4 ... 20 mA calibrated range) *Please indicate measurement range on sketch					
Normal Operating Point			% of measurement range		
	Source Side Thickness	Detector Side Thickness	Material	Density	Density Units
Vessel Wall					
Insulation					
Liner					
Thermal Media					
Jacket Wall					



13. Does the vessel inner diameter or width change along the measurement range?  Yes\*  No \*If yes, please attach sketch.
14. Do vessel wall thicknesses change along measurement range?  Yes  No
15. Is the vessel jacketed?  Yes\*  No  
\*If yes, does jacket extend along full measurement?  Yes  No
16. Are drawings available for vessel?  Yes\*  No  
\*If yes, please attach.
17. Are there any obstructions in the vessel?  Yes\*  No  
\*If yes, what is the obstruction? \_\_\_\_\_
18. Does product filling the vessel enter the measurement path?  Yes  No
19. Does product leaving the vessel vortex?  Yes  No
20. Does product filling the vessel create a "cone"?  Yes  No

## Electronics

21. Area Classification: \_\_\_\_\_ (Class/Zone/Division) or  General Purpose
22. Ambient Temperature Range: Min: \_\_\_\_\_ Max: \_\_\_\_\_  °F  °C
23. Input Power:  24 VDC  110 VAC  220 VAC
24. Output: a:  4 ... 20 mA/HART  Foundation Fieldbus  Profibus  Relay  
b:  Intrinsically Safe  Explosion Proof  General Purpose
25. Display:  Remote  Integral  None

## Radiation Specification

26. Maximum Field Near Source Holder (5 mR @12in Standard): \_\_\_  mR  uSv at \_\_\_  in  mm
27. Will the detector be exposed to external X-ray radiation during operation?  Yes  No
28. Does the customer have a license to possess/use radioactive material?  Yes  No
29. Rank the following by importance (1-4 Highest to Lowest):  
Best Level Resolution \_\_\_ Fast Response Time \_\_\_ Low Radiation \_\_\_ Low Price \_\_\_

## Additional Information