

Application Data Sheet

Date:

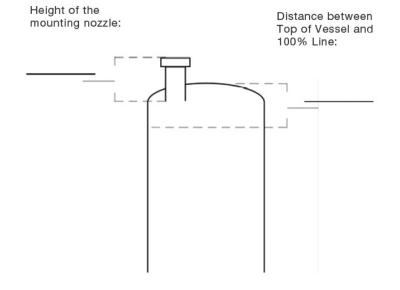
Continuous and Point Level							
Company Name:		Customer Contact Name:					
Customer Address:		Phone and Fax:					
City, State, Zip:		Cell Phone:					
Sales Person/Rep:		Email:					
Representative Firm:		RFQ (request for quotation):					
Tag Number:		Process Material:					
Dielectric Constant:		Bulk Density or Specific Gravity:					
Process Information							
Process Temperature Range: Min:		Max:					
2. Process Pressure: Min:	psig	Max: psig					
3. Is the process sanitary? ☐ Yes	☐ No						
4. Area Classification: General	Purpose	☐ Div. 1 ☐ Div. 2					
Solids							
5. Powder Pebble Rock	☐ Other	r					
Liquids							
6. Does liquid build up on vessel walls?	☐ Yes*	☐ No					
*If yes, what is thickness? o in	\bigcirc mm	Other					
7. Is there an agitator?	☐ No	*If yes, what is RPM:					
Liquid Surface Condition:							
9. Foam Layer:							
Height:	\bigcirc mm	Other					
Does customer wish to measure foam layer?	☐ Yes	No					
10. Wave Height:							
Vessel	-						
Please provide a detailed drawing/sketch of the vessel on	the reverse sid	de of the form.					
11. Vessel Height:	○ ft	other					
12. Vessel Diameter or Width:							
13. Shape of Vessel:		Other: Please Sketch					
14. Shape of Vessel Bottom:	Dished	ed					
15. Vessel Material of Construction: 316 SS	☐ Carbo	on Steel Other					
Plastic	Glass-	s-lined	_				
16. Is the vessel lined? *Yes	☐ No	No *If yes, what material?					
17. What is the location of the process connection	n?						



Continuous and Point Level (Continued)

18.	8. What is the size/type of process connection?						
19.	Is the nozzle schedule 40 pipe?		Yes	☐ No			
20.	Are there any obstructions in the	vessel?	☐ Yes*	☐ No			
	*If yes, what is the obstruction?						
21.	Vessel Wall Surface Finish:						
Son	sor/Probe						
Jen	SOI/FIODE						
22.	Preferred/Specified Probe Mater	ial:					
23.	Sensor Type:	2-wire	4-wire	other			
24.	Point Level:	Relay	mA Step	O (2-wire) Other			
25.	Preferred Sensor Transmitter:						
26.	Power input:						
27.	Display:	Remote	Integral	None			
28.	Relay:	☐ Yes*	☐ No				
	*If ves. Quantity:						

Please Label Illustration



Sketch Vessel or Application Here

