

## Continuous and Point Level

Company Name: _____	Customer Contact Name: _____
Customer Address: _____	Phone and Fax: _____
City, State, Zip: _____	Cell: _____
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: \_\_\_\_\_ F C
- Process Pressure: Min: \_\_\_\_\_ Max: \_\_\_\_\_ psig bar
- Is the process sanitary? Yes No
- Area Classification: General purpose Div 1 Div 2



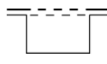

### Solids

5. Powder Pebble Rock Other: \_\_\_\_\_

### Liquids

- Does liquid build up on vessel walls? Yes\* No  
\*If yes, what is the thickness? \_\_\_\_\_ in mm other: \_\_\_\_\_
- Is there an agitator? Yes\* No \*If yes, what is RPM? \_\_\_\_\_
- Liquid Surface Condition: \_\_\_\_\_
- Foam layer? Yes\* No \*If yes, what is the height? \_\_\_\_\_ in mm other: \_\_\_\_\_  
Does customer wish to measure foam layer? Yes No
- Wave Height: \_\_\_\_\_

### Vessel Please provide a detailed drawing/sketch of the vessel on the reverse side of the form.

- Vessel Height: \_\_\_\_\_ in ft Other: \_\_\_\_\_
- Vessel Diameter or Width: \_\_\_\_\_
- Shape of Vessel:     Other: Please Sketch
- Shape of Vessel Bottom: Flat Dished Other: \_\_\_\_\_
- Vessel Material of Construction: 316 SS Carbon Steel Plastic Glass-lined Other: \_\_\_\_\_
- Is the vessel lined? Yes\* No \*If yes, what material? \_\_\_\_\_
- What is the location of the process connection? \_\_\_\_\_
- What is the size/type of process connection? \_\_\_\_\_
- Is the nozzle schedule 40 pipe? Yes No
- Are there any obstructions in the vessel? Yes\* No \*If yes, what is the obstruction? \_\_\_\_\_
- Vessel Wall Surface Finish: \_\_\_\_\_

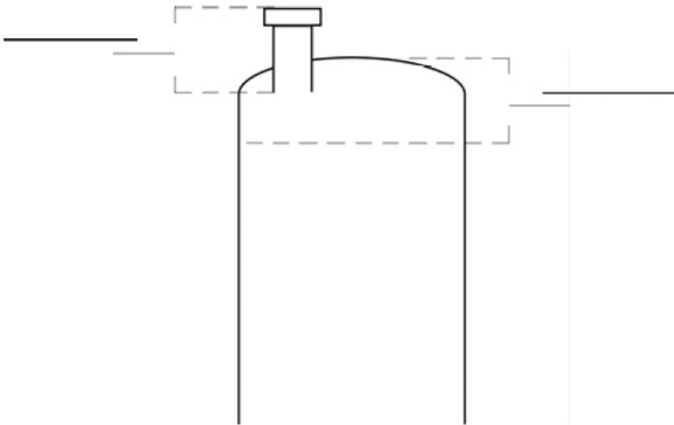
## Sensor/Probe

22. Preferred/Specified Probe Material: \_\_\_\_\_
23. Sensor Type:        2-wire        4-wire        Other: \_\_\_\_\_
24. Point Level:        Relay        mA Step (2-wire)        Other: \_\_\_\_\_
25. Preferred Sensor Transmitter: \_\_\_\_\_
26. Power input: \_\_\_\_\_
27. Display:            Remote        Integral        None
28. Relay:              Yes\*        No
- \*If yes, Quantity? \_\_\_\_\_

## Please Label Illustration

Height of the  
mounting nozzle:

Distance between Top of  
Vessel and 100% Line:



## Sketch Vessel or Application Here

