

Absolute/Gauge/Differential Pressure

Company Name: _____
 Customer Address: _____
 City, State, Zip: _____
 Sales Person/Rep.: _____
 Representative Firm: _____
 Tag Number: _____

Customer Contact Name: _____
 Phone and Fax: _____
 Cell: _____
 Email: _____
 RFQ (request for quotation) #: _____

Process Information

1. Process Medium: _____
2. Specific Gravity or Density: _____
3. Process Medium Properties:
 Abrasive Crystallizing Floating Solids
4. Expected Process Temperature
 Normal: _____
 Min: _____ Max: _____ °F °C
5. Vessel Location:
 Indoor Outdoor
6. Expected Ambient Temperature
 Normal: _____
 Min: _____ Max: _____ °F °C
7. Expected Process Pressure
 Min: _____ Max: _____ Normal: _____
 Units: _____
8. Max Overload Pressure Required: _____
 Units: _____
9. Vacuum Service Expected:
 Yes No Continuous
10. Size/Type of Process Connection *(specify low/high side if different)*:

11. Preferred Process Component Materials:

12. Cleaning Cycles Expected
 Yes No
 Temperature: _____
 Cleaning Pressure: _____
 Cleaning Agent: _____

Measurement Data

13. Application:
 Process *(Complete 7)*
 Level *(Complete 15)*
 DP *(Complete 16)*
 DP Level *(Complete 15 and 17)*
 DP Flow *(Complete 18)*
 DP Density *(Complete 19)*
 DP Interface *(Complete 15 and 20)*
 DP Density Compensated Level *(Complete 15 and 19)*
 Hydrostatic Level *(Complete 15)*
14. Deviation/Accuracy Required: _____
15. Level
 Min Height: _____ Max Height: _____
 Units: _____
16. DP
 Min: _____ Max: _____
 Units: _____
17. DP Level
 Max Vapor Space Pressure: _____
 Units: _____
18. DP Flow
 Pressure Drop Expected: _____
 Units: _____
 Linearization Required: _____
19. DP Density
 Distance Between Sensors: _____ Not Defined
 Min Density: _____ Max Density: _____
 Units: _____
20. DP Interface
 Density Fluid One: _____ Density Fluid Two: _____
 Units: _____

Note: Use next page to describe/sketch needed configuration *(mounting, piping, vessel configuration, etc.)*

Additional Requirements

21. Approval Type and Area Classification: _____
22. Secondary Approvals Required:
- | | | |
|--------------------------------|---|---|
| <input type="checkbox"/> 3A | <input type="checkbox"/> FDA | <input type="checkbox"/> Oxygen Service |
| <input type="checkbox"/> EHEDG | <input type="checkbox"/> Special Cleaning | <input type="checkbox"/> Other: _____ |
23. Housing Material/Style:
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Plastic | <input type="checkbox"/> Aluminum |
| <input type="checkbox"/> Stainless | <input type="checkbox"/> Single Chamber |
| <input type="checkbox"/> Dual Chamber | <input type="checkbox"/> Remote Distance: _____ |
24. Output required:
- | | |
|-------------|---------------------|
| 4 ... 20mA | 4 ... 20mA HART |
| Profibus PA | Foundation Fieldbus |
| Modbus | Dual 4 ... 20mA |
25. SIL required:
- | | |
|-----|----|
| Yes | No |
|-----|----|
26. Display:
- | | |
|------------------|----------|
| None | Integral |
| Remote Distance: | _____ |

Notes (sketch if possible)

