

Questionnaire for Continuous Level Gauge

Prior to submission of a quotation we like to have this form returned

Company	
Contact Name	
Street/P.O.Box	
City	
Postal code	
Country/State	
Phone No.	
Fax No.	

Project/Tag:

Date:

Process Specifications

Product	Liquid	<input type="checkbox"/>	Solid	<input type="checkbox"/>
Product density				g/cm ³
Gas density				g/cm ³
Product temperature	normal	min	max	°C / F
Ambient temperature				°C / F
Operating pressure				psi / bar

Interface

Density product 1		g/cm ³
Density product 2		g/cm ³
Gas density		g/cm ³
Foam density		g/cm ³

Physical Arrangement

Vessel	vertical	<input type="checkbox"/>	horizontal	<input type="checkbox"/>	vertical conical	<input type="checkbox"/>
Measuring Range						mm / inch
Vessel: Inside diameter						mm / inch
Vessel walls	thickness	density				
1st layer		mm / inch		g/cm ³		
2nd layer		mm / inch		g/cm ³		
3rd layer		mm / inch		g/cm ³		
4th layer		mm / inch		g/cm ³		
Insulation		mm / inch		g/cm ³		
Agitator (please send a sketch)	centric	<input type="checkbox"/>	excentric	<input type="checkbox"/>		
Agitator density						g/cm ³
Buildup material						Yes / No
Exproof requested						Yes / No

If other radiometric measurements are nearby, please provide a sketch of locations.

Application (for statistical reason) _____