

Ultrasonic Level Application Questionnaire

Customer information

Contact: _____ Prepared By: _____
 Company: _____ Date: _____
 Address: _____ Notes on the Application: _____
 City: _____ Country: _____
 Zip/Postal Code: _____ Phone: () _____
 E-mail: _____ Fax: () _____

Tanks/Vessel information (Supply sketch where possible) Sketch attached

Type: Storage **Dimensions:**
 Process Height: _____ m/ft
 Pump station Width/Diameter: _____ m/ft
 Open channel

Critical Information
Nozzle Length: _____ cm/in
Nozzle Diameter: _____ cm/in

Tank top: Open **Tank bottom:** Sloped **Internal equipment and/or obstructions:** No
 Flat Flat Yes *Please list* _____
 Conical Conical _____
 Parabolic Parabolic _____

Measurement type: Point Level Continuous Level Volume Flow

Area safety classification: _____

Material

Material being measured: _____ Liquid Solid

Material temperature: Norm: _____ C/F Max: _____ C/F

Atmosphere: Air Other _____ **Homogenous:** Yes No

Dust: None Light Heavy

Installation (indicate all that apply)

Power available: _____

Inputs required:	Outputs required:	Communications:
<input type="checkbox"/> 4-20 mA	<input type="checkbox"/> 4-20 mA	<input type="checkbox"/> HART® <input type="checkbox"/> AB Remote I/O
<input type="checkbox"/> Pump Interlocks (#): _____	<input type="checkbox"/> Relays (#): _____	<input type="checkbox"/> PROFIBUS DP <input type="checkbox"/> AB DeviceNet
		<input type="checkbox"/> Modbus RTU/ASCII <input type="checkbox"/> None

Products recommended: