Accu-Pulse

LEVEL APPLICATION QUESTIONAIRE

COMPANY	**PERSON**
ADDRESS	**TITLE-DEPT.**
CITY **ZIP**	**TEL/FAX#:**
STATE-COUNTRY	**INSTALLATION SKETCH OF APPLICATION/ VESSEL** SIDE VIEW (show dimensions & mounting location on sketch)
PROCESS/MATERIAL NAME:	
MEASURED MEDIA (Circle One): Liquid Slurry Solid Grain/Pellets Powder **IF A LIQUID, IS SURFACE:** Still Turbulent Foamy	
PROCESS TEMPERATURE: Min_____ Max_____	
OPERATING/MAXIMUM PRESSURE:_____/_____	
APPEARANCE: Shiny/Bright Dull/Opaque Clear/Transparent **COLOR**: _____	
VESSEL **TAG#**	
FITTING AVAILABLE FOR LASER INSTALLATION: Sight Glass/Window Hatch Flanged Nozzle	
VESSEL HEIGHT:_____ WIDTH/DIA:_____(Show on drawing) **MEASUREMENT RANGE:** From _____ to _____ **OBSTRUCTIONS IN AIR SPACE** (Circle One): Draw Points Bracing Agitators Heating Coils Baffles **OTHER OBSTRUCTIONS:**	
FILL METHOD (Circle and show location of fill point on drawing) Conveyor Gravity Pneumatic Other:_____	
AIRBORNE DUST/STEAM (Circle one): Light Moderate Dense Circle One **IS MATERIAL SURFACE VISIBLE?** Yes No **IS VAPOR/OFF-GAS PRESENT?** Yes No **IS MATERIAL SURFACE VISIBLE DURING FILL?** Yes No (Use light source if necessary, view from intended mounting location)	
IS THERE MATERIAL BUILD-UP ON INNER VESSEL **LINING?_____HOW MUCH?_____**	
SENSOR LOCATION:_____ (show preferred mounting location on drawing)	
LASER MOUNTING: Wall Flat Surface or Flanged: Size_____Class_____ Required Flange Material_____	
TEMPERATURE AT PROCESS SEAL – POINT OF MOUNTING: Min_____Max_____	
LOCATION CLASSIFICATION CLASS_____ DIV_____ GROUP_____	
AMBIENT TEMPERATURE: Min_____ Normal_____ Max_____	
SIGNAL OUTPUT NEEDED: / **DESIRED ACCURACY:**	
IS MEASUREMENT REQUIRED DURING FILL? Yes No	
AVAILABLE POWER: Voltage:_____ Frequency:_____	

Please return form to TN-KSI
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