

Questionnaire/Checklist for enquiries

Level measurement

Company:	Project/enquiry:		
Quantity			
Requirements	<input type="checkbox"/> Level measurement with local display <input type="checkbox"/> Level measurement without local display <input type="checkbox"/> Min. level switch <input type="checkbox"/> Max. level switch <input type="checkbox"/> Level control <input type="checkbox"/> Other:		
Preferred measuring principle	Level detection: <input type="checkbox"/> PTC thermistor <input type="checkbox"/> Conductivity <input type="checkbox"/> Vibration <input type="checkbox"/> Rotary paddle <input type="checkbox"/> Capacitance	Continuous measurement: <input type="checkbox"/> Mechanical <input type="checkbox"/> Pneumatic <input type="checkbox"/> Capacitance <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Guided micropulse (TDR) <input type="checkbox"/> Magnetostrictive	
Required outputs	<input type="checkbox"/> 4–20 mA <input type="checkbox"/> 0–10 V <input type="checkbox"/> HART <input type="checkbox"/> RS 232 <input type="checkbox"/> Level switching contacts, number <input type="checkbox"/> Other:		
Required accuracy			
Medium to be measured			
Viscosity/density/size of granules			
Dielectric constant (ϵ_r)			
Surface	<input type="checkbox"/> Calm Foam <input type="checkbox"/> Yes, thickness: _____ <input type="checkbox"/> Turbulent <input type="checkbox"/> No Water content: _____		
Changing media	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Ex protection	<input type="checkbox"/> No <input type="checkbox"/> Yes, Ex zone _____		
Overfill alarm system required	<input type="checkbox"/> No <input type="checkbox"/> Yes, (WHG/TRbF)		
Temperatures	T_{max} medium: T_{max} ambient:		
Tank height/diameter			
Tank shape	<input type="checkbox"/> Cylindrical <input type="checkbox"/> Rectangular <input type="checkbox"/> Square <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal		
Is the tank pressurised?	<input type="checkbox"/> No, without pressure <input type="checkbox"/> Yes, max. pressure: _____ bar		
Is the tank under vacuum?	<input type="checkbox"/> No <input type="checkbox"/> Yes, max. vacuum _____ bar		
Required process connection	<input type="checkbox"/> G1B <input type="checkbox"/> G1½B <input type="checkbox"/> G2B <input type="checkbox"/> Flange: <input type="checkbox"/> Other:		
Mounting position	<input type="checkbox"/> Top mounting <input type="checkbox"/> Side mounting <input type="checkbox"/> Other:		
Location of tank	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> Welded in basement		
Tank material			
Are there stirrers, struts or other obstructions in the tank (please enclose sketch)			