

Nuclear Continuous Level

Application Information Form

General Information

Company: _____ Date: _____
 Address: _____
 Contact name: _____
 Phone/fax/e-mail: _____
 Number of systems: _____ Tag numbers: _____

Vessel Information

Vessel shape: Vertical cylinder Typical Range: from _____ % to _____ %
 Horizontal cylinder
 Other (supply drawing)

Level span: _____ ft. m ID: _____ ft. m
 in. mm OD: _____ ft. m

Vessel Walls	Material Description	Close to Source		Close to Detector <small>(if different)</small>	
		Thickness <input type="checkbox"/> in <input type="checkbox"/> mm	Density <input type="checkbox"/> g/cc <input type="checkbox"/> lb/ft	Thickness <input type="checkbox"/> in <input type="checkbox"/> mm	Density <input type="checkbox"/> g/cc <input type="checkbox"/> lb/ft
Insulation					
Outer Vessel Wall					
Jacket Media					
Inner Vessel Wall					
Inner Liner					
Other					

Can any of the wall be removed? no OR detector side source side
 What is the wall composed of? _____
 Are there any internal structures or mechanisms which might be in the radiation beam? no yes
 If yes, please provide a drawing showing location of these objects, and 0% and 100% level.
 Is this application an interface measurement between two liquids? no yes
 Is there a vapor phase? If yes, what is the material? _____ the density? _____ g/cc
 Does pressure inside the vessel vary during measurement? no yes--from _____ psi to _____

Process material data

Name of process material: _____
 Is it solid liquid other (describe) _____
 Density SGU (g/cc) lb/cu.ft. _____
 Is there build-up on the vessel wall: no yes
 If yes, what is the thickness? _____ in. or _____ mm What is the density? _____ g/cc _____
 Does a curtain of material entering the vessel pass through the radiation beam? no yes
 If yes, what is the thickness? _____ in. or _____ mm

Output

4-20mA isolated self powered 4-20mA isolated loop powered Other:

Are alarm contacts required? _____

Installation

Enclosure Location	Gauge Head (Element) <input type="checkbox"/> Explosion proof <input type="checkbox"/> Certified explosion proof	Electronics (Transmitter) <input type="checkbox"/> NEMA 4 (standard) <input type="checkbox"/> NEMA _____ <input type="checkbox"/> Explosion proof <input type="checkbox"/> With window (optional)
Temperature ratings: <input type="checkbox"/> °C <input type="checkbox"/> °F	From _____ to _____	From _____ to _____

Power available: AC _____ to _____ @ _____ Hz DC 24V

Cable length (detector to transmitter) _____ ft. m

Options required:

- | | |
|--|---|
| <input type="checkbox"/> pneumatic shutter | <input type="checkbox"/> Interlock capacity, with interlock |
| <input type="checkbox"/> Shutter position switches | <input type="checkbox"/> Interlocks--number of doors/vessel _____ |
| <input type="checkbox"/> Water-cooled detector | |

Additional Comments

Mail or Fax this form to

Thermo Electron Corporation
2555 North IH-35
Round Rock, Texas 78664

Fax: 512-388-9200
sales@ThermoMT.com

For more information or help with this form

Call 800-736-0801 or 512-388-9100