

**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 (if different)	
		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 Fisher Scientific**  
1410 Gillingham Lane  
Sugar Land, TX 77478  
sales.process@thermofisher.com

Fax: 713-272-5331

## For more information or help with this form

Call 800-437-7979 or 713-272-5364