

Customer Information

Customer _____ Date _____
Name _____ Title _____
Address _____
City _____ State/Country _____
Postal Code _____ E-mail _____
Phone _____ Fax _____
Installation Address _____ Number of Systems _____
Delivery Required _____

Application Operating Questions

High Level Operation Low Level Operation
 [0.5 seconds to 10.0 seconds Qualification Time (adjustable)]
 Horizontal Mounting Vertical Mounting
Process Fluid: _____ Aeration: Yes No
Process Temperature Range: From: _____ to _____ Degrees: F C
Ambient Temperature Range: From: _____ to _____ Degrees: F C
Process Pressure (PSI): Min: _____ Max: _____ Nominal: _____
Max. Fluid Velocity at Sensor (feet/sec): _____
Density at Min. Process Temperature (lb/ft³): _____
Viscosity at Min. Process Temperature (centipoise): _____
Additional Information (e.g. aeration, agitation, foam, etc.): _____

Product Specifications

Approvals Required? Yes No Specify: _____
Power Input: 115 VAC 230 VAC 15-35 VDC 12-55 VDC I.S. Unit
Output Type 4-20 mA Relay
Auxiliary Relay NC NO
Thermal Isolator Required? Yes No
Sensor Type: Gap Slot
Sensor/Fitting Material: _____
Required "A" Dimension: _____ Inches Millimeters
Fitting/Flange: _____ Size (inches): _____
Integral or Remote Mounting: _____ Separation Distance (feet): _____
Mounting Bracket Required? Yes No Specify (wall or pipe): _____

Product Nomenclature

Model: _____ Quantity: _____
Submitted By: _____ Date: _____

Mail or Fax Your Completed Form To:

Thermo Fisher Scientific
Attn: Order Processing
1410 Gillingham Lane
Sugar Land, TX 77478
Phone: 713.272.0404 or 800.437.7979
Fax: 713.272.4573
Email: sales.process.us@thermofisher.com