

Ultrasonic Level Application Questionnaire

Instructions: Navigate through the form using the TAB key or mouse. To select a checkbox, click with mouse or press the SPACEBAR. To select units, click and choose from drop-down menu.

Customer Information

Contact: _____	Prepared By: _____
Company: _____	Date: _____
Address: _____	Notes on the Application: _____
City: _____ Country: _____	
Zip/Postal Code: _____ Phone: _____	
E-mail: _____ Fax: _____	

Tanks/Vessel Information

(Supply sketch where possible)

☐ Sketch attached

Type:	<input type="checkbox"/> Storage	Dimensions:
(choose one)	<input type="checkbox"/> Process	Height: _____ m
	<input type="checkbox"/> Pump station	Width/Diameter: _____ m
	<input type="checkbox"/> Open channel	

Critical Information

Nozzle Length: _____	cm
Nozzle Diameter: _____	cm

Tank top:	<input type="checkbox"/> Open	Tank bottom:	<input type="checkbox"/> Sloped	Internal equipment and/or obstructions:	<input type="checkbox"/> No
	<input type="checkbox"/> Flat		<input type="checkbox"/> Flat	(E.g. Agitator, Heating coils, Supports, Other)	<input type="checkbox"/> Yes Please list _____
	<input type="checkbox"/> Conical		<input type="checkbox"/> Conical		
	<input type="checkbox"/> Parabolic		<input type="checkbox"/> Parabolic		

Measurement type: ☐ Point Level ☐ Continuous Level ☐ Volume ☐ Flow

Area safety classification: (specify code required) _____

Material

Material being measured: _____ ☐ Slurry ☐ Liquid ☐ Solid

Material temperature: Norm: _____ °C Max: _____ °C

Atmosphere: ☐ Air ☐ Other _____ **Homogenous:** ☐ Yes ☐ No

Dust: ☐ None ☐ Light ☐ Heavy

Installation (indicate all that apply)

Power available: _____

Inputs required: _____ **Outputs required:** _____

<input type="checkbox"/> 4 to 20 mA	<input type="checkbox"/> 4 to 20 mA
<input type="checkbox"/> Pump Interlocks (#): _____	<input type="checkbox"/> Relays (#): _____

Communications:

<input type="checkbox"/> Hart ® / 4 to 20 mA	<input type="checkbox"/> AB Remote I/O
<input type="checkbox"/> PROFIBUS DP	<input type="checkbox"/> AB DeviceNet
<input type="checkbox"/> PROFIBUS PA	<input type="checkbox"/> None
<input type="checkbox"/> Modbus RTU/ASCII	

Products recommended: _____

Please submit to sales@chesscontrols.com for review and quotation preparation

Thank you for the opportunity to quote