

REFERENCE INFORMATION	
Customer: _____	Date: _____
Contact Name: _____ Phone: _____	Email: _____
End User Location: _____	FOR OFFICE USE:
Tag Number(s): _____	
Submitted by: _____ Rep Agency: _____	

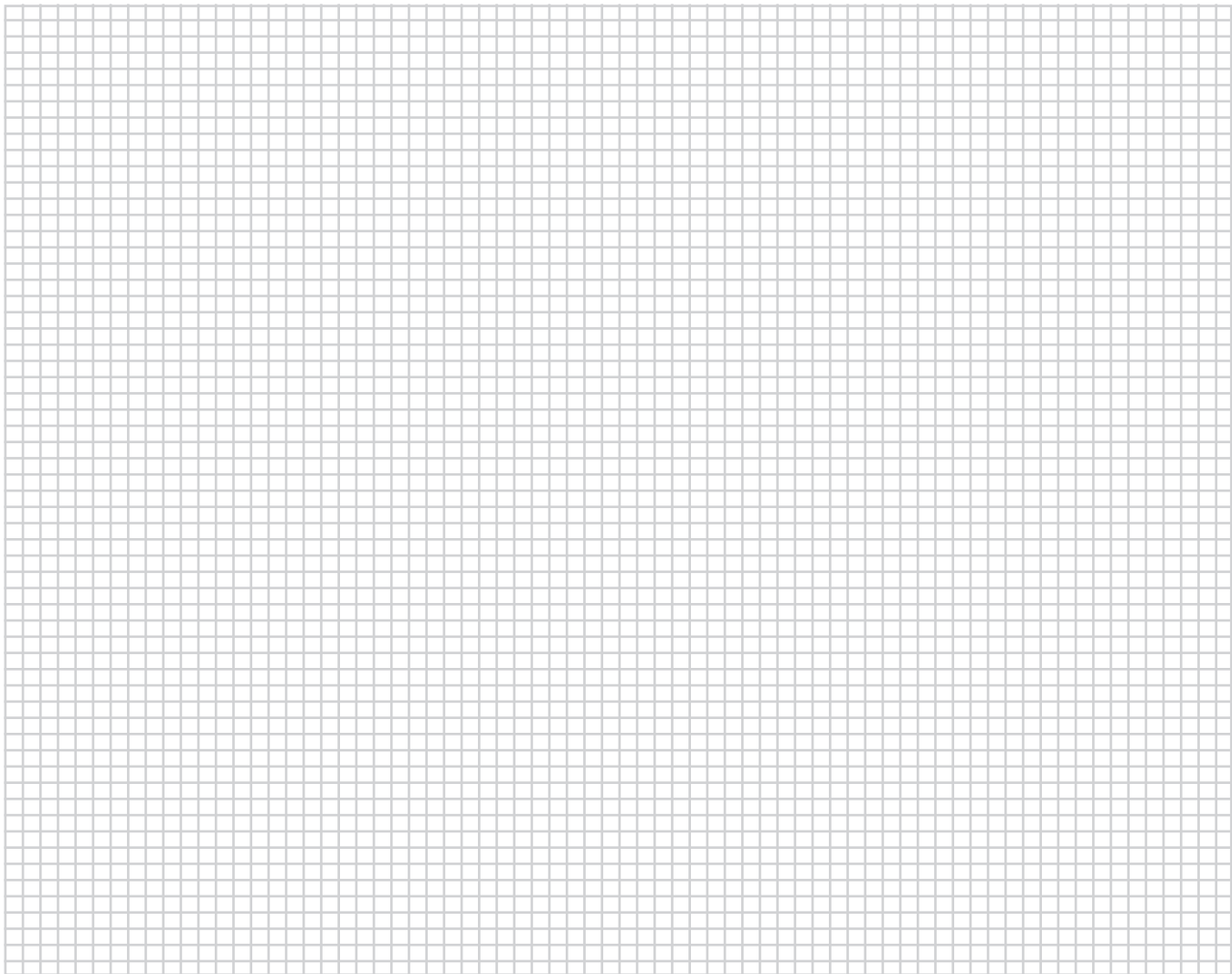
INSTRUMENT
Instrument Function: <input type="checkbox"/> Transmitter <input type="checkbox"/> On-Off Control <input type="checkbox"/> Alarm <input type="checkbox"/> Other _____
Model Number: Electronics _____ Probe _____ Cable _____
Quantity: _____

PROCESS DATA
Process Name/Description: _____
Process Media: _____
<input type="checkbox"/> Liquid: % Concentration _____ <input type="checkbox"/> Slurry % Solids _____
Process Temperature: <input type="checkbox"/> Ambient _____ min. _____ max. <input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> Other _____
Process Pressure: <input type="checkbox"/> Atmospheric _____ min. _____ max. <input type="checkbox"/> PSIG <input type="checkbox"/> Bar <input type="checkbox"/> KPA <input type="checkbox"/> Other _____
Temperature at Instrument: <input type="checkbox"/> Ambient _____ min. _____ max. <input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> Other _____
Environment: <input type="checkbox"/> Normal <input type="checkbox"/> Corrosive <input type="checkbox"/> Salt <input type="checkbox"/> Flood Maximum Viscosity: _____ centipoise
Agency: <input type="checkbox"/> FM <input type="checkbox"/> CSA Area Classification: <input type="checkbox"/> General Purpose <input type="checkbox"/> Hazardous: Class ____ Division ____ Groups _____
<input type="checkbox"/> ATEX EEx _____ Hazardous Area Design: <input type="checkbox"/> Explosion-proof <input type="checkbox"/> Intrinsically Safe <input type="checkbox"/> Non-incendive <input type="checkbox"/> Other _____
Remote Instrument (if applicable): _____
Required Materials of Construction: _____
Vessel Type: <input type="checkbox"/> Vertical Cylindrical <input type="checkbox"/> Horizontal Cylindrical <input type="checkbox"/> Sphere <input type="checkbox"/> Sump/Pit <input type="checkbox"/> O.C.F. <input type="checkbox"/> Other _____
Vessel Size: Height _____ Width _____ Diameter _____ Unit of Measure _____
Type of Filling: <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Side (At what level? _____)
Liquid Surface: <input type="checkbox"/> Calm <input type="checkbox"/> Moderate Turbulence <input type="checkbox"/> Vortex <input type="checkbox"/> Flowing Foam Present: <input type="checkbox"/> Yes <input type="checkbox"/> No
Agitation: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> During Filling <input type="checkbox"/> During Emptying <input type="checkbox"/> Between Fill and Empty # and Size of Blades _____
Other Objects in Vessel: <input type="checkbox"/> No <input type="checkbox"/> Yes _____ (Include sketch on page 2.)

PERFORMANCE
What is the maximum _____ and minimum _____ level height of the material?: Unit of Measure: _____
The typical operating level is _____ Unit of Measure: _____
Accuracy Required: During filling: _____% During emptying: _____%
When level is stationary: _____% When level is stationary and agitated: _____%

RF CAPACITANCE
Media Constants: Dielectric Constant: _____ Conductivity: _____ (μ siemen/cm) Varies? <input type="checkbox"/> No <input type="checkbox"/> Yes, from _____ to _____
Will Media Coat Probe? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Solids % Moisture: _____
Tank Material of Construction: <input type="checkbox"/> Metal Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Coated: <input type="checkbox"/> Yes <input type="checkbox"/> No Plastic: <input type="checkbox"/> Yes <input type="checkbox"/> No
Span: _____ Unit of Measure: _____
<input type="checkbox"/> Interface Dielectric of Second Material: _____ Emulsion Layer: <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, thickness: _____)

REMARKS



FOR FACTORY USE ONLY

Date Received: _____ Proposal/Order Number: _____

Application Accepted By: _____ Date: _____

Application Forwarded to Engineering for Review By: _____ Date: _____

Application Rejected By: _____ Date: _____

Reason for Rejection:



705 Enterprise Street • Aurora, Illinois 60504-8149 • 630.969.4000
info@magnetrol.com • magnetrol.com

Copyright © 2020 Magnetrol International, Incorporated

BULLETIN: 50-370.0
EFFECTIVE: September 2011