



Ultrasonic Level, Volume & Open Channel Flow Application Questionnaire

REFERENCE INFORMATION		Application same as previous Order #: _____
Customer/Company: _____	Date: _____	_____
City, State, Country: _____		signature _____
Contact/Title: _____		FOR OFFICE USE:
Phone: _____	Fax: _____	
E-mail: _____		
RFQ Number: _____	P. O. Number: _____	
Tag Number(s): _____		
Submitted by: Rep Agency and Salesperson _____		Rep Code: _____

TRANSMITTER INFORMATION	
Desired Outputs: <input type="checkbox"/> mA Output <input type="checkbox"/> HART # of Relays: _____ Other: _____	
Required Materials of Construction: Electronics Housing: _____ Transducer: _____	
Agency: <input type="checkbox"/> FM <input type="checkbox"/> CSA Area Classification: <input type="checkbox"/> General Purpose <input type="checkbox"/> Hazardous: Class ____ Div ____ Groups _____	
<input type="checkbox"/> ATEX Hazardous Area Design: <input type="checkbox"/> Explosion-proof <input type="checkbox"/> Intrinsically Safe <input type="checkbox"/> Nonincendive <input type="checkbox"/> Other	
Model Number: Electronics: _____ Transducer: _____	
Cabling: _____ Quantity of Units: _____	

PROCESS DATA	
Application: _____	
Process Liquid: _____	
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"/> Atmosphere _____ min. _____ max. <input type="checkbox"/> PSIG <input type="checkbox"/> Bar <input type="checkbox"/> kPa <input type="checkbox"/> Other	
Air Space: <input type="checkbox"/> Vapors? <input type="checkbox"/> Steam? <input type="checkbox"/> Gas Blanket? (N ₂)	
Surface Foam: <input type="checkbox"/> None <input type="checkbox"/> Light Maximum thickness of foam layer: _____	
Turbulence: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy Mixer/Agitator: <input type="checkbox"/> No <input type="checkbox"/> Yes Speed (RPM): _____	

LEVEL/VOLUME APPLICATION	
Tank Type: <input type="checkbox"/> Vertical Cylinder <input type="checkbox"/> Horizontal Cylinder <input type="checkbox"/> Sphere <input type="checkbox"/> Sump/Pit <input type="checkbox"/> Other _____	
Tank Top: <input type="checkbox"/> Flat <input type="checkbox"/> Dome <input type="checkbox"/> Irregular Tank Bottom: <input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Cone <input type="checkbox"/> Other: _____	
Tank Size: Height _____ Width _____ Diameter _____ Unit of Measure: _____	
Maximum Liquid Level Height?: _____ Minimum Liquid Level Height?: _____ Unit of Measure: _____	
Process Connection: <input type="checkbox"/> NPT <input type="checkbox"/> Flange (size/type) _____	
Nozzle: Height _____ Diameter _____ Stilling Well: <input type="checkbox"/> No <input type="checkbox"/> Yes (diameter/length) _____	
Type of Filling: <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Side (at what level?) _____	

OPEN CHANNEL FLOW APPLICATION	
Flume: Size/Type _____ Weir: Size/Type _____ Other: _____	
Maximum Flow: _____ Maximum Head: _____ Reference Distance: _____	
Mounting Connection: <input type="checkbox"/> NPT <input type="checkbox"/> Flange (Size/Type) _____ <input type="checkbox"/> Totalizer Units: _____	



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