



# Radar Transmitter Level Application Questionnaire

(Please complete both pages)

<b>REFERENCE INFORMATION</b>	Customer/Company: _____ SIC: _____	Application same as previous M#: _____
	City, State: _____	signature _____
	Country: _____ Date: _____	FOR OFFICE USE:
	Contact/Title: _____	
	Phone: _____ Email: _____	
	RFQ Number: _____ P. O. Number: _____	
Tag Number(s): _____	Submitted by: Rep Agency and Salesperson _____ Rep Code: _____	

<b>MODEL NUMBER</b>	
Antenna Transmitter	Quantity
R 8 6 — 5 — — — — —	— — — — —
R B — — — — — 0 — — — — —	— — — — — 0 0 0
Antenna Transmitter	Quantity
R 9 6 — 5 — — — — —	— — — — —
R A — — — — — — — — — —	— — — — — 0 0
R 8 2 — 5 — — — — — A — — — — —	— — — — —
Housing: <input type="checkbox"/> Aluminum <input type="checkbox"/> Lexan	Quantity
Antenna: <input type="checkbox"/> Tefzel <input type="checkbox"/> Polypropylene	

<b>PROCESS DATA</b>	
Process Name/Description: _____	
Process Media: _____	
Media Constants: Dielectric Constant: _____ Conductivity: _____ (μ siemen/cm) Varies? <input type="checkbox"/> No <input type="checkbox"/> Yes, from _____ to _____	
<input type="checkbox"/> Liquid: % Concentration _____ <input type="checkbox"/> Slurry: % Solids _____	
Process Temperature: <input type="checkbox"/> AMB _____ min. _____ max. <input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> Other	
Process Pressure: <input type="checkbox"/> ATMOS _____ min. _____ max. <input type="checkbox"/> PSIG <input type="checkbox"/> Bar <input type="checkbox"/> KPA <input type="checkbox"/> Other	
Temperature at Instrument: <input type="checkbox"/> AMB _____ min. _____ max. <input type="checkbox"/> °F <input type="checkbox"/> °C <input type="checkbox"/> Other	
Will media coat antenna? <input type="checkbox"/> No <input type="checkbox"/> Condensation <input type="checkbox"/> Film Coating <input type="checkbox"/> Significant Coating	
Environment: <input type="checkbox"/> Normal <input type="checkbox"/> Corrosive <input type="checkbox"/> Salt <input type="checkbox"/> Flood	
Agency: <input type="checkbox"/> FM <input type="checkbox"/> CSA Area Classification: <input type="checkbox"/> General Purpose (Nema 4X) <input type="checkbox"/> Hazardous: Cl _____ Div _____ Group _____	
<input type="checkbox"/> ATEX <input type="checkbox"/> IEC Hazardous Area Design: <input type="checkbox"/> Explosion-proof <input type="checkbox"/> Intrinsically Safe <input type="checkbox"/> Nonincendive <input type="checkbox"/> Other	
Required Materials of Construction: _____	
Tank Type: <input type="checkbox"/> Vertical Cylindrical <input type="checkbox"/> Horizontal Cylindrical <input type="checkbox"/> Sphere <input type="checkbox"/> Sump/Pit (covered) <input type="checkbox"/> Other _____	
Tank Size: Height _____ Width _____ Diameter _____ Unit of Measure _____	
Tank Material of Construction: <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Concrete Lined: <input type="checkbox"/> Yes <input type="checkbox"/> No Coated: <input type="checkbox"/> Yes <input type="checkbox"/> No Other _____	
Tank Top: <input type="checkbox"/> Flat <input type="checkbox"/> Horizontal Cylinder <input type="checkbox"/> Dome <input type="checkbox"/> Irregular <input type="checkbox"/> Non-metallic	
Tank Bottom: <input type="checkbox"/> Flat <input type="checkbox"/> Dish <input type="checkbox"/> Cone <input type="checkbox"/> Other _____	
Process Connection: Threaded _____ <input type="checkbox"/> NPT <input type="checkbox"/> BSP Flange (size/type) _____	
Distance to Sidewall _____	
Nozzle: Height _____ (Include any amount that extends into vessel) Diameter _____ Material _____	
Stillwell (metal only): <input type="checkbox"/> Yes <input type="checkbox"/> No Inside Diameter _____	
Type of Filling: <input type="checkbox"/> Top <input type="checkbox"/> Bottom <input type="checkbox"/> Side (At what level? _____)	
Agitation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> During Filling <input type="checkbox"/> During Emptying <input type="checkbox"/> Between Fill and Empty	
Turbulence: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy	
Mixer: Number of Blades _____ Blade Size _____ Number of Stages _____ Height of Each Stage _____ RPM _____	
Rate of Change (Inches (mm)/minute): <input type="checkbox"/> <5(13) <input type="checkbox"/> 5-20(13-50) <input type="checkbox"/> 20-60(50-150) <input type="checkbox"/> >60(150)	
Foam: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Heavy Maximum thickness of foam layer _____	
Does liquid boil and/or flash: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Objects in Vessel: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ (Include sketch on page 2)	

**PERFORMANCE**

Measurement requirement (with respect to the bottom of the vessel):

What is the maximum level height of the material?: \_\_\_\_\_ Unit of Measure: \_\_\_\_\_

What is the minimum level height of the material?: \_\_\_\_\_ Unit of Measure: \_\_\_\_\_

The typical operating level is \_\_\_\_\_ Unit of Measure: \_\_\_\_\_

Accuracy Required: During filling: \_\_\_\_\_% During emptying: \_\_\_\_\_%

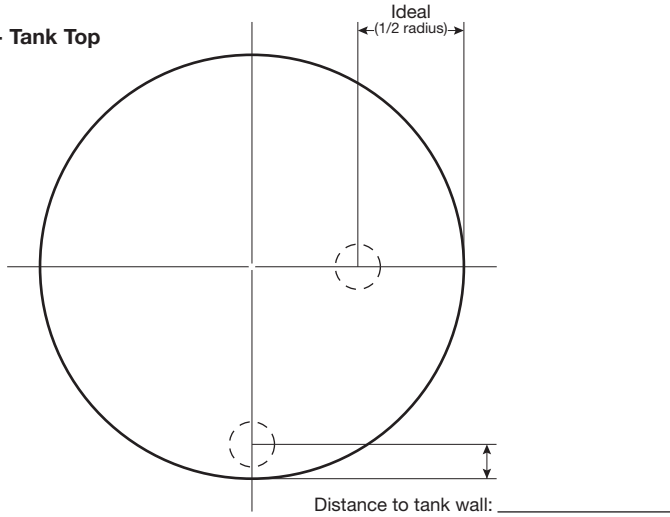
When level is stationary: \_\_\_\_\_%

When level is stationary and agitated: \_\_\_\_\_%

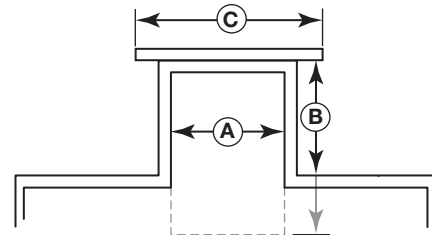
**High Level Shutdown/Overfill Protection**

Special consideration is necessary in any application for High Level Shutdown/Overfill protection. To ensure proper measurement, Consult Factory.

**FIGURE 1 - Tank Top**



**FIGURE 3 - NOZZLES**

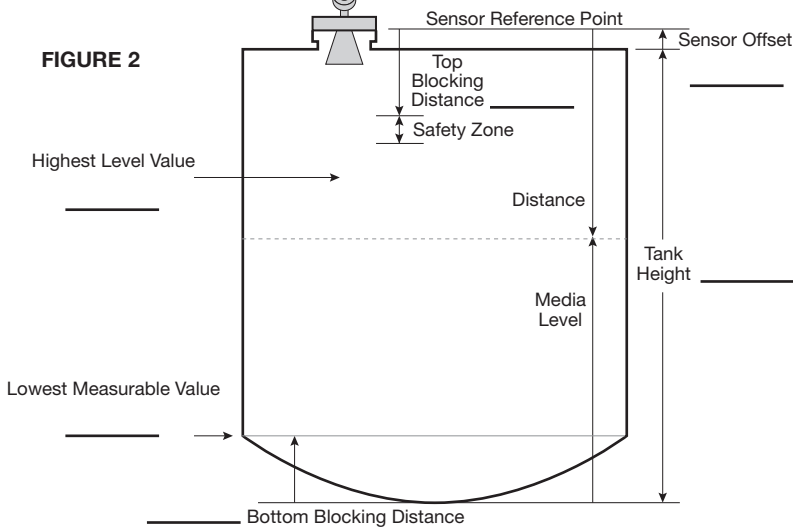


(A) = Diameter \_\_\_\_\_

(B) = Length \_\_\_\_\_

(C) = Mounting \_\_\_\_\_

**FIGURE 2**



**NOTES**

1. End of R82 antenna should never be recessed more than 2x the nozzle diameter
2. Nozzle should not exceed Schedule 40

Show location and relative size of all false targets (Figures 1 & 2) – Mixing blades: sketch top and side view

