

Nuclear Point Level Gauge

Application Information Form

General Information

Company: _____ Date: _____
 Address: _____
 Contact name: _____
 Phone/fax/e-mail: _____
 Number of systems: _____ Tag #'s: _____

Vessel Information

High level ID: _____ ft. m
 Low level OD: _____ ft. m
 Both
 Additional
 Distance between high and low: _____ ft.; m mm
 Response time: _____ Seconds 0.5 to 300 seconds

Vessel Walls	Material Description	Close to Source		Close to Detector <small>(if different)</small>	
		Thickness <input type="checkbox"/> in <input type="checkbox"/> mm	Density <input type="checkbox"/> g/cc <input type="checkbox"/> lb/ft	Thickness <input type="checkbox"/> in <input type="checkbox"/> mm	Density <input type="checkbox"/> g/cc <input type="checkbox"/> lb/ft
Insulation					
Outer Vessel Wall					
Jacket Media					
Inner Vessel Wall					
Inner Liner					
Other					

Are there any internal structures or mechanisms which might be in the radiation beam?
 no yes
 If yes, complete the following:
 Center shaft: ID _____ in. mm.; OD _____ in. mm; Schedule no. _____
 Wall material _____ Thickness _____ in. mm
 Flight/paddle material _____ Spacing _____ in. mm
 Flight/paddle length from center shaft _____ in. mm

Process Material Data

Name of process material _____
 Is it: solid liquid other (describe) _____
 Density SGU (g/cc) lb./cu.ft.
 Is there build-up on the vessel wall? no yes
 If yes, what is the thickness? _____ in. or _____ mm What is the density? _____ g/cc
 Does a curtain of material entering the vessel pass through the radiation beam? no yes
 If yes, what is the thickness? _____ in. or _____ mm

Installation

Enclosure Location	Gauge Head (Element) <input type="checkbox"/> Explosion proof <input type="checkbox"/> Certified explosion proof
Temperature ratings: <input type="checkbox"/> °C <input type="checkbox"/> °F	From _____ to _____

Are there other sources within 50 feet? yes no

Power available: _____ to _____ VAC @ / ± _____ Hz

Options required:

- | | |
|--|--|
| <input type="checkbox"/> pneumatic shutter | <input type="checkbox"/> check source |
| <input type="checkbox"/> shutter position switches | <input type="checkbox"/> interlock capacity, with interlock |
| <input type="checkbox"/> water-cooled detector | <input type="checkbox"/> interlocks - number of doors/vessel _____ |
| <input type="checkbox"/> shock mount kit | |

Additional Comments

Please Mail or Fax this Form to:

Thermo Fisher Scientific

1410 Gillingham Lane
Sugar Land, Texas 77478

Fax: 713-272-5331

For more information or help with this form:

Call 800-437-7979 or 713-272-0404

www.Thermo.com