

Application Data Sheet
Level Measurement



General Information

Company: _____ Contact: _____
Address: _____ Telephone: _____
Town: _____ Fax: _____
Post Code: _____ Plant location: _____
Country: _____ Tag number: _____
Designation: _____

Level Measurement

Measuring range: from _____ to _____
Type of measurement: continuous switch point *Please select ✓*
How many? _____
Required accuracy: _____ %
Serial interface: _____
Signal output: _____
Response time: _____

Vessel Details

Volume: _____ Litres Diameter: _____ mm Height: _____ mm
Material: _____ Wall thickness _____ mm
Double wall: no yes Lining: no yes
if lining, material: _____
Vessel bottom: flat cone-shaped round
Mixer: no yes
Other items inside vessel: _____
Can the vessel be emptied/filled during commissioning? no yes

Liquid Medium

Medium name: _____ Viscosity: _____ Density: _____
Temperature range: _____ Gas bubbles: _____ Turbulences: _____
Solid particles: no yes if yes, range: _____ %
Density changes during process: no yes if yes, range: _____
Liquid surface: calm rough very rough
Is liquid under pressure? no yes if yes, range: _____ bar

Other Requirements

Ex Certification: no yes if yes, zone: _____
Increased EMC: no yes
Is measurement inside the vessel possible? no yes with limitations

Additional Comments

Sketch of measuring arrangement

Please return this Application Data Sheet to:

Date: _____
Name: _____
Signature: _____

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