

LevelControl

Application Questionnaire

ProSpare

POWDER PROCESSING EQUIPMENT

In order to process your enquiry we require the following information. Please complete as fully as possible and we will then forward our offer on the basis of the details provided below.

CONTACT

Company	Date
Site code / Location	Contact name
E-mail address (preferred method for quotation)	
Quotation address	
Tel no	Fax no

APPLICATION

Type of vessel ie, silo, weigh hopper:	Vessel manufactured from:			
Filling process	<input type="checkbox"/> Gravity	<input type="checkbox"/> Pneumatic		
Material entry	<input type="checkbox"/> Top	<input type="checkbox"/> Side		
Location	<input type="checkbox"/> Outdoor	<input type="checkbox"/> Indoor		
Vessel pressure psi Min:	Max:			
ATEX - Does indicator operate in an ATEX zoned area*	<input type="checkbox"/> N/A	<input type="checkbox"/> Zone 20	<input type="checkbox"/> Zone 21	<input type="checkbox"/> Zone 22

MATERIAL ANALYSIS

Material type	Bulk density	kg/cm.mtr	Density Consistent		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Particle size	Angle of repose		Dielectric constant			
Material consistency	<input type="checkbox"/> Dry	<input type="checkbox"/> Damp	<input type="checkbox"/> Wet	<input type="checkbox"/> Sticky		
Process temperature °C Min	Max					
Ambient temperature °C Min	Max					

LEVEL INDICATOR

Indication required	<input type="checkbox"/> High	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Low		
Preferred technique	<input type="checkbox"/> Rotary	<input type="checkbox"/> Capacitance	<input type="checkbox"/> Vibratory	<input type="checkbox"/> Other	Specify
Preferred paddle	<input type="checkbox"/> Scimitar	<input type="checkbox"/> Triple paddle 7"	<input type="checkbox"/> Triple paddle 9"	<input type="checkbox"/> Other	Specify
Extension required	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Solid	<input type="checkbox"/> Flexible	If yes, specify length mm	
Mounting	<input type="checkbox"/> Top	<input type="checkbox"/> Side	<input type="checkbox"/> Other		
Preferred mounting method	Threaded boss - size		<input type="checkbox"/> Mounting flange - specify		
Food grade required	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Voltage	AC	DC			
Previous operating difficulties					

ProSpare

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We reserve the right to modify or withdraw specifications or products without notice or obligation.

SKETCH

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