

Checklist for enquiries – level measurement

Company:	Project/enquiry:	
Quantity		
Requirements	<input type="checkbox"/> Level measurement with local display <input type="checkbox"/> Level measurement without local display <input type="checkbox"/> Min. level switch <input type="checkbox"/> Max. level switch <input type="checkbox"/> Level control <input type="checkbox"/> Other:	
Preferred measuring principle	Level detection: <input type="checkbox"/> PTC thermistor <input type="checkbox"/> Conductivity <input type="checkbox"/> Vibration <input type="checkbox"/> Capacitance	Continuous measurement: <input type="checkbox"/> Mechanical <input type="checkbox"/> Pneumatic <input type="checkbox"/> Capacitance <input type="checkbox"/> Hydrostatic <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Guided micropulse (TDR)
Required outputs	<input type="checkbox"/> 4–20 mA <input type="checkbox"/> 0–10 V <input type="checkbox"/> HART <input type="checkbox"/> Digital <input type="checkbox"/> Limit level contacts, no. <input type="checkbox"/> Other:	
Required accuracy		
Medium to be measured		
Viscosity/density/granule size		
Dielectric constant (ϵ_r)		
Surface medium	<input type="checkbox"/> Calm <input type="checkbox"/> Foam: <input type="checkbox"/> Yes <input type="checkbox"/> Turbulent <input type="checkbox"/> No	Thickness: _____ Water content: _____
Changing media	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ex protection	<input type="checkbox"/> No <input type="checkbox"/> Yes, Ex zone _____	
Approved overflow prevention system required	<input type="checkbox"/> No <input type="checkbox"/> Yes, _____	
Temperatures	T_{\max} medium:	T_{\max} ambient:
	T_{\min} medium:	T_{\max} ambient:
Tank height / diameter		
Tank shape	<input type="checkbox"/> Cylindrical <input type="checkbox"/> Rectangular <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal	
Is the tank pressurised?	<input type="checkbox"/> Not pressurised <input type="checkbox"/> Yes, max. pressure _____ bar	
Tank with vacuum?	<input type="checkbox"/> No <input type="checkbox"/> Yes, max. vacuum _____ bar	
Required process connection	<input type="checkbox"/> G1B <input type="checkbox"/> G1½B <input type="checkbox"/> G2B <input type="checkbox"/> G2½B <input type="checkbox"/> Flange: <input type="checkbox"/> Other:	
Mounting type	<input type="checkbox"/> Top mounting <input type="checkbox"/> Side mounting <input type="checkbox"/> Other:	
Location of tank	<input type="checkbox"/> Aboveground <input type="checkbox"/> Underground <input type="checkbox"/> In building <input type="checkbox"/> Outdoor	
Tank material		
Are there stirrers, struts or other obstructions in the tank (please enclose sketch)?		