

Inquiry on Customer's Operating Condition of External Liquid Level Instrument

Customer's Information	Company Name		Contract No.	
	Delivery Address			
	Consignee		Tel. No.	
	Technical Contact		Dept.	Position
	Tel. No.		Fax	
	Other Necessary Information			
Basic Information of Tank	Tank Shape	<input type="checkbox"/> Horizontal Tank <input type="checkbox"/> Spherical Tank <input type="checkbox"/> Vertical Tank <input type="checkbox"/> Other		
	Tank Type	<input type="checkbox"/> Storage Tank <input type="checkbox"/> Processing Tank <input type="checkbox"/> Reaction Kettle		
	Tank Bottom Shape	<input type="checkbox"/> Flat <input type="checkbox"/> Arch <input type="checkbox"/> Cone <input type="checkbox"/> Horizontal		
	Pressure Inside Tank	Min:_____ Normal:_____ Max:_____		
	Tank Size	Height: _____m Diameter: _____m Distance Between Tank Bottom and Ground: _____m Wall Thickness : _____mm		
	Tank Wall Material	<input type="checkbox"/> Ferro Magnetic <input type="checkbox"/> Non Ferro Magnetic <input type="checkbox"/> 16MnR <input type="checkbox"/> Carbon Steel <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Glass Reinforced Plastics <input type="checkbox"/> Other		
	Thermal Insulation Layer	<input type="checkbox"/> None <input type="checkbox"/> Available, Insulation Method and Material:_____		
	Inside Tank	<input type="checkbox"/> Nothing <input type="checkbox"/> Stirrer <input type="checkbox"/> submerged pump <input type="checkbox"/> Division Board <input type="checkbox"/> Coil <input type="checkbox"/> Other		
	On Tank Bottom	<input type="checkbox"/> Nothing <input type="checkbox"/> Soft Lining Layer <input type="checkbox"/> Hard Lining Layer <input type="checkbox"/> Inter Lining <input type="checkbox"/> Under boarding <input type="checkbox"/> Other		
	Explosion Proof and Anti Corrosion on Site	<input type="checkbox"/> Zone 0 <input type="checkbox"/> Zone 1 <input type="checkbox"/> Zone 2 <input type="checkbox"/> Moderately Corrosive Outdoors <input type="checkbox"/> Highly Corrosive		
Medium	<input type="checkbox"/> Liquid <input type="checkbox"/> Liquefied Gas: _____ (name of medium) Viscosity: _____mPa·s			

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	Surface of Medium	<input type="checkbox"/> Stationary <input type="checkbox"/> Moving <input type="checkbox"/> Stirring <input type="checkbox"/> Vortex
	Medium Temperature	Min: _____°F Max: _____°F
	Solid in Liquid	<input type="checkbox"/> Much <input type="checkbox"/> Visible <input type="checkbox"/> Invisible
	Sediment Thickness on the Bottom	_____ mm, Why: _____
Installation	Important Information	Length of Galvanized Tube : _____m Diameter of Galvanized Tube : _____m Measuring Range : _____m
	Thread	<input type="checkbox"/> M20*1.5 <input type="checkbox"/> G1/2" <input type="checkbox"/> G3/4" <input type="checkbox"/> NPT1/2" <input type="checkbox"/> NPT3/4"
	Installation Way	<input type="checkbox"/> Install on Bottom <input type="checkbox"/> Install on Side Tank Wall
	Description of the Longest Cable	_____m, Way of Cable Laying: _____
	Output	<input type="checkbox"/> 4~20mA <input type="checkbox"/> Modbus Communication <input type="checkbox"/> Hart Communication (Four Wire System with power supply)
	Power Supply	<input type="checkbox"/> 220VAC <input type="checkbox"/> Two Wire System 24VAC <input type="checkbox"/> Three Wire System 24VDC <input type="checkbox"/> Four Wire System 24VDC
Other Important Points		

Filled by:

Date :