

**QR1S
Specification
Form**

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US Sales 800-553-9092
International 215-674-1234
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1. END USER COMPANY:

LOCATION _____ QUOTED TO: _____
 COMPANY _____ NAME _____ TITLE _____
 STREET _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE _____

2. NUMBER OF UNITS TO BE QUOTED _____ POTENTIAL NUMBER OF UNITS _____ DEL. EXPECTED _____

3. PROCESS MATERIAL _____
 liquid? _____
 slurry? _____

4. PROCESS PRESSURE: (Psi)
 # maximum _____
 normal _____
 #minimum _____

5. PROCESS TEMPERATURE: (Fahrenheit)
 #maximum _____
 normal _____
 #minimum _____
 max. ratge of change (°F/min) _____

6. AMBIENT TEMP. RANGE (°F) _____ to _____

7. PHYSICAL CHARACTER:
 Vapor Press (mm Hg) _____
 #Foam Present? _____
 #Condensation? _____
 Acoustic Noise? _____

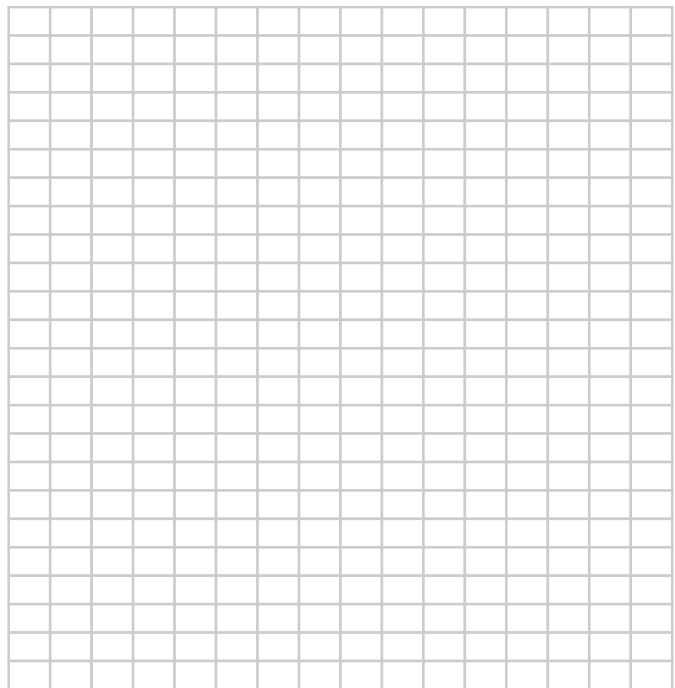
8. FUNCTION REQUIRED:
 Tank Contents _____
 Rate of Fill/Use _____
 Indication _____
 Proportional Control _____

9. AGITATION: none _____ light _____ strong _____
 RPM _____ # Blades _____
 Blade Dia. _____ (Feet) Width _____ (Inches)

10. NOZZLE?: _____ Yes _____ No
 Nozzle Length _____ (in.) I.D. _____ (in.)
 Stilling Well? _____
 #Flange Size _____ (in.) _____ (Pound)
 Flange Material _____

18. INSTALLATION SKETCH: (INCLUDE ALL APPLICABLE DIMENSIONS FROM THE FOLLOWING CHECKLIST.)

- Tank Straight Side _____ #Tank I.D. _____ #Sensor Loc. _____
- Agitator Location _____ Fill Location _____ Drain Loc. _____
- Tank Ends _____ Ladders _____ Baffles _____
- Man Ways _____ Nozzles _____ #Zero Level _____
- Full Level _____ Stilling Wells _____



11. POWER AVAILABLE: 24VDC _____ 120VAC _____ 230VAC _____
 OTHER _____

12. AREA CLASSIFICATION: AT VESSEL _____ AT ELECTRONICS _____

13. OUTPUT SIGNAL: 4-20 mA _____, HART 4-20 mA _____, # of Relays _____, Other _____

14. DESIRED ACCURACY: _____ @ max level _____ @ min. Level

15. REMARKS:

16. REP _____

17. RECOMMENDED MODEL # _____

REQUIRED INFORMATION FOR CORRECT APPLICATION