

To: _____ Fax Number: _____

From: _____ Fax Number: _____

Phase Tracker Application Data Sheet



Phone: (864) 574-8060 • (800) 778-9242
Applications Engineering Fax: (864) 574-8062

Company Name _____ Contact Name _____
Street Address _____
City _____ State/Prov. _____ Zip/Postal Code _____
Phone (____) _____ Fax(____) _____ E-mail _____

Please complete and fax to Applications Engineering for review.

MATERIAL INFORMATION:

Name: (specific and generic): _____

Liquid ☐ Slurry ☐ Powder ☐ Flake ☐ Pellet ☐ Granular ☐

Characteristics (free flowing, sticky, wet, bridges, rat holes, etc.): _____

Does material coat side wall? (Y/N) _____ Top of tank? (Y/N) _____ Coating Thickness: _____

Non-Air Vapor above Product (Y/N): _____ If Yes, what type? _____

Is Material Compatible with: Aluminum ☐ Teflon ☐ 304 SS ☐ Other: _____

Is Material Conductive? (Y/N) _____

Is Material Flammable or Explosive? (Y/N) _____ If Yes, what is the area classification? _____

Class, Div, Group or IP rating: _____

Solids:

Particle Size (in./mm): Minimum: _____ Average: _____ Maximum: _____

Moisture Content (%): Minimum: _____ Average: _____ Maximum: _____

Bulk Density (lb/cf or g/cc): _____ Angle of Repose: _____

Aeration Present (Y/N): _____ If Yes, what type? _____

Liquids/Slurries:

Viscosity (cps): Minimum: _____ Average: _____ Maximum: _____

Surface: Calm (Y/N): _____ Turbulent (Y/N): _____ Foam (Y/N): _____

Agitator Present (Y/N): _____ RPM: _____ Blade Diameter (in./mm): _____

Electrical Power & Output Requirements:

Supply Power Available: 115 VAC ☐ 230 VAC ☐ Other: _____

Output Preferred: Display Only ☐ High & Low Relays ☐ 4/20 mA ☐ RS-232 ☐

I-Level Inventory Software ☐ Other ☐ _____

Electronics/Control Unit Location: Indoors ☐ Outdoors ☐ Distance from Sensor(s): _____

Vessel Parameters:

Number of Tanks to be Monitored: _____

No. of Liquid/Slurry Tanks: _____ Type of Fill (Gravity, Pump, Other): _____

No. of Solids Tanks: _____ Type of Fill (Pneumatic, Conveyor, Gravity): _____

Tank Heights/Diameters/Quantities: 1) ____ / ____ / ____ 2) ____ / ____ / ____ 3) ____ / ____ / ____

4) ____ / ____ / ____ 5) ____ / ____ / ____ 6) ____ / ____ / ____ 7) ____ / ____ / ____ (Feet / Meters)

Atmospheric Pressure? ☐ or Min. _____ Normal _____ Maximum _____Ambient Temperature Inside Tank? ☐ or Min. _____ Normal _____ Max. _____Ambient Temperature Outside Tank? ☐ or Min. _____ Normal _____ Max. _____**Vessel Construction:**Vertical Cylinder: ☐ Horizontal Cylinder: ☐ Square/Rectangular: ☐ Bolted: ☐Welded: ☐ Spiral: ☐ Corrugated: ☐ Other: _____**Vessel Material:**Stainless Steel: ☐ Galvanized Steel: ☐ Carbon Steel: ☐ Aluminum: ☐Concrete: ☐ Fiberglass: ☐ Other _____

Is there any internal structure in the tank, such as Cleanout Cage, Agitator, Stiffening Bars, Bag House, Etc.? Please Specify: _____

Factory Technical Support:

Using diagnostic software and the built-in telephone modem, commissioning and checkout can be done from the factory.

Can a dedicated telephone line be run to the controller? (Y/N) _____

Please provide dimensional drawing(s) of tank(s), including top. Show all fill points and discharge points. Also include any other equipment that may be present, such as agitators, or aeration aids. Use a separate page if necessary.

