

) / Nuclear Level Gauge

/Company _____	/Date _____
/Address _____	
Page _____ / _____	
K / _____	
Contact Person _____	
./ : /Phone/fax _____	

/ PARAMETER	1	2																																
/ Tag numbers																																		
/ Quantity																																		
/Vessel Information																																		
<input type="checkbox"/> / Upper Level																																		
<input type="checkbox"/> /Low Level	/OD: _____	/mm																																
<input type="checkbox"/> /Both																																		
<input type="checkbox"/> /Optional	/ID: _____	/mm																																
Distance between Upper and Low Levels: _____ /m _____ /mm																																		
/ Response time: _____ / second /from 0,5 /to 300 / second																																		
/ Vessel Wall	/ Material	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">/Close to Source</th> <th colspan="2" style="text-align: center;">//Close to Detector</th> </tr> <tr> <th style="text-align: center;">Thickness / /mm</th> <th style="text-align: center;">Density / / ³/g/cm³</th> <th style="text-align: center;">Thickness / /mm</th> <th style="text-align: center;">Density / / ³/g/cm³</th> </tr> </thead> <tbody> <tr> <td colspan="4">/ Insulation</td> </tr> <tr> <td colspan="4">/Outer Wall</td> </tr> <tr> <td colspan="4">/Midwall</td> </tr> <tr> <td colspan="4">/ Internal Wall</td> </tr> <tr> <td colspan="4">Internal Insulation () /</td> </tr> <tr> <td colspan="4">/ Other</td> </tr> </tbody> </table>	/Close to Source		//Close to Detector		Thickness / /mm	Density / / ³ /g/cm ³	Thickness / /mm	Density / / ³ /g/cm ³	/ Insulation				/Outer Wall				/Midwall				/ Internal Wall				Internal Insulation () /				/ Other			
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/ Other																																		

Are there any internal structures or mechanisms which might block the radiation beam? ?/

/Yes /No

/ If yes, please fill in the following for mixing machine:

/ Rotation axis: / ID /mm /OD_ /mm

/Wall Material / Thickness /mm

/ Beater Material / Distance /mm

/ Beater Length from Axis /mm

/Process material data	
/Name of process material: <input type="text"/>	
/Is it : <input type="checkbox"/> /solid <input type="checkbox"/> / liquid (<input type="text"/>)/ other (describe) <input type="text"/>	
/ Density: <input type="text"/> SGU (/ ³ /g/cm ³)	
/Is there build-up on the vessel wall?	
<input type="checkbox"/> /Yes <input type="checkbox"/> /No	
/If yes, what is the thickness? <input type="text"/> /mm	
/What is the density? <input type="text"/> / ³ /g/cm ³	
/Is there an obstacle on the	
way of radiation beam crossing the vessel? <input type="checkbox"/> /Yes <input type="checkbox"/> /No	
/If yes, what is the thickness? <input type="text"/> /mm	

/Installation	
/ Enclosure location <input type="text"/>	/Explosion protection /Explosion proof <input type="checkbox"/> /Without Explosion proof <input type="checkbox"/>
/Ambient temperature, ° <input type="text"/>	/from <input type="text"/> /to <input type="text"/>
/ Relay <input type="text"/>	- / Standard double-pole <input type="checkbox"/> / Hermetic isolated <input type="checkbox"/>

/Yes /No 16 /Are there any other sources around of 16 meters?

/ Power available /from /to /Volt ± / Hz

/Please choose :

/Air driven gate <input type="checkbox"/> /Switch position <input type="checkbox"/> /Water cooling <input type="checkbox"/> / <input type="checkbox"/> Set of blow fastening <input type="checkbox"/>	/Radiation Control <input type="checkbox"/> / Vessel internal space blocking for the personnel protection when the source is active (<input type="checkbox"/>) / If there is one door or a fabrication hole in the vessel) <input type="checkbox"/> / Vessel internal space blocking for the personnel protection when the source is active(<input type="checkbox"/>) / If there several doors or a fabrication holes in the vessel – <input type="checkbox"/> /Quality? <input type="text"/>)
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/ ADDITIONAL INFORMATION