

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 both pages to an Applications Engineer 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.



Fax

To: Centro, Inc.	From:
Fax: 901-357-1379	Pages:
Phone: 800-344-3286	Date:
Re:	cc:

Please fill out this specification form and fax to one of the three locations:

Memphis: 901-357-1379

Little Rock: 501-835-2277

Nashville: 615-255-2212