

Application Evaluation Form Rosemount 5708 3D Solids Scanner



Select only one of the items provided

One or more of the listed items can be selected

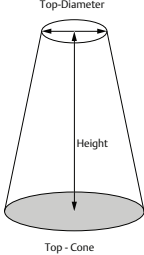
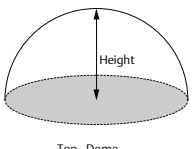
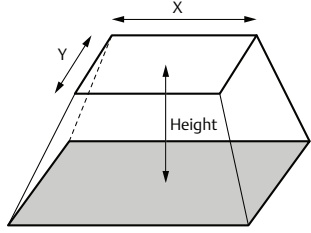
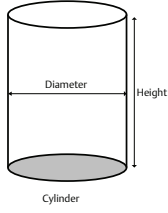
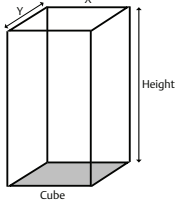
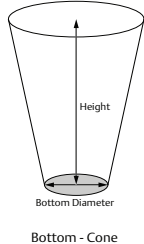
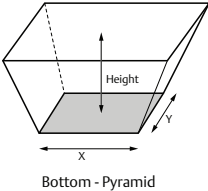
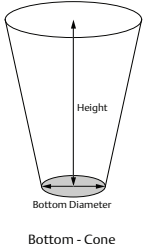
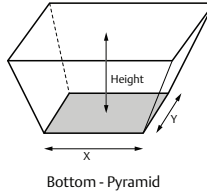
Customer information	
Customer/Company: _____	Date: _____
City, State, Country: _____	Title: _____
Phone No.: _____	Fax: _____
Email: _____	RFQ Number: _____
S.O. Number: _____	Company: _____
Salesperson: _____	
Application Same as previous order #: _____	

Application data	
Description: _____	
Material Name: _____	Industry: _____
Is Material Bulk Density >0.2 gr/cc (12.5 lbs/Cu.ft.)	<input type="radio"/> Yes <input type="radio"/> No
Is Pressure range >-20mBar and <3Bar (>-0.29 and <43.5 PSI)	<input type="radio"/> Yes <input type="radio"/> No
Max Temperature inside the vessel	<input type="radio"/> <85 °C (185 °F) <input type="radio"/> <180 °C (356 °F) <input type="radio"/> Above 180 °C (356 °F)

Other data	
Primary measurement desired:	<input type="radio"/> Average Level <input type="radio"/> Volume <input type="radio"/> Volume & Visualization
Intrinsically Safe Approvals Required:	<input type="radio"/> None <input type="radio"/> cFMus <input type="radio"/> ATEX <input type="radio"/> NEPSI <input type="radio"/> Other _____
Class _____, Division _____, Group _____	
Application Same as previous order #: _____	

	Scanner and Filling Location refer to the images below <input type="radio"/> ft <input type="radio"/> m			
	X	Y	Nozzle diameter	Nozzle height
Current mounting location(s)				
Filling location(s)			Note: Optimal scanner(s) location will be determined by factory. Factory will try to accommodate the customer's desired mounting location.	

Vessel details	
Full Calibration (from top): _____	Empty Calibration (from top): _____ <input type="radio"/> ft <input type="radio"/> m
Filling Method: _____	
Internal Structures (like a ladder): _____	<input type="radio"/> No <input type="radio"/> Yes, Drawing should be available
Internal Movement (like an auger): _____	<input type="radio"/> No <input type="radio"/> Yes, If yes, please describe: _____

Vessel details ⁽¹⁾		<input type="radio"/> ft <input type="radio"/> m	
Vessel type	Cylindrical	Rectangular	
Top shape	<input type="radio"/> Flat <input type="radio"/> Cone: Height: _____ Top Diameter: _____  <input type="radio"/> Dome: Height: _____ 	<input type="radio"/> Flat <input type="radio"/> Pyramid: Height: _____ X: _____ Y: _____ 	
Center shape	Height: _____ Diameter: _____ 	Height: _____ X: _____ Y: _____ 	
Bottom Shape	<input type="radio"/> Flat <input type="radio"/> Cone: Height: _____ Bottom Diameter: _____  <input type="radio"/> Pyramid: Height: _____ X: _____ Y: _____ 	<input type="radio"/> Flat <input type="radio"/> Cone: Height: _____ Bottom Diameter: _____  <input type="radio"/> Pyramid: Height: _____ X: _____ Y: _____ 	

(1) Required Field - Accurate Vessel dimensions are required to allow optimal scanner(s) location determination.

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