



ultra-wave Ultrasonics

Application Data Form

Date _____

Sheet ____ of ____

Site Information

City _____ State _____ Industry _____
Company Name _____ Division of _____
Address _____

Contact Information

Contact Name _____ Title _____
Tel _____ Fax _____

Originator Information

Form Completed by _____ Title _____
Tel _____ Fax _____

Vessel(s) Information

Total Number of Vessels Contained in this ADF _____
Equipment Use
 Inventory Only Inventory & Control Active Process Control
Level During Fill _____ High Level Cutoff _____
Level During Empty _____ Low Level Cutoff _____
Vessel and Application Data Source
 Phone Drawing(s) On-Site Visit
Have locations of transducers been marked on vessel(s)? Yes No
If yes, by _____ date _____

Describe the application and use of the measured levels in the vessels

To be completed by Kistler-Morse

Tracking # _____ Log in by _____ Date _____
Reviewed by _____ Date _____

Vessel	ID	Material in Vessel	Liquid Powder Solid	Material Height (ft/m) from Transducer Maximum Minimum	Minimum Vessel Tank Width (ft/m)	Fill Type P/G*	Bin Type C/S/P**	Temperature (°F/°C) Material in Vessel Maximum Minimum	Hazardous Rating CI Div Grp	Operating Display Accuracy Units
A										
B										
C										
D										
E										
F										
G										
H										

*P/G = Pneumatic/Gravity **C/S/P = Cement/Steel/Plastic

Circle the vessel(s) that have...

-----Vessels-----
 A B C D E F G H
 A B C D E F G H
 A B C D E F G H
 A B C D E F G H
 A B C D E F G H
 A B C D E F G H

- Corrosive materials
 - Surface Foam
 - Agitators, wipers or mixers
 - CIP or washdown
 - High or low pressures
 - Internal obstructions, ladders, platforms
- Describe obstructions: _____

Controller
 Enclosure: Plastic/Fiberglass Stainless Steel
 Power: 115/230VAC 100VAC DC (24V)
 Hazardous Rating at Controller Location(s) Class _____ Division _____ Group _____
 Temperature at Controller Location(s) Max _____°F/°C Min _____°F/°C
 Distance from Controller to the Farthest Sonocell _____feet/meters



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