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| **RTI SALES CHANNEL INFO** |
| RTI Sales Eng./Agency Name |       | 1\*)Date/Version |       |
| **COMPANY DETAILS** |
| 2\*) Company Name |       |
| 3\*) Site Name  |       |
| 4\*) Site Location / Address |       |
| 5\*) Contact Name |       |
| 6\*) Email Address |       | 7\*) Phone Number |  |
| **REQUIRED INFORMATION –** If the **ADS** is for QUOTATION PURPOSES ONLY, then only the questions marked \*need be completed |
| **NOTE: When the Required Information is for the fulfilment of an order, please answer all questions & ensure information is accurate.**  |
| As this form only covers typical applications, there may be additional data required for more unusual applications. Please discuss any more specific site application characteristics with your RTI representative. Elaborate on special requirements as well as defining all options required. E.g. additional inputs and outputs etc.A free hand sketch of the pipe work with distances to;- bends, pumps, valves etc., would assist with a proper evaluation, also photographs of the proposed installation site are also extremely helpful. |
| 8\*) Describe the purpose for which the density gauge will be used: Include the level of accuracy required for the gauge to fulfil its purpose. |
| 9\*) Type of Material Conveyed: [ ]  Slurry: (solid material suspended in liquid) [ ]  Solution: (minerals dissolved in a carrying solution) |
| 10\*) More than one different type of material pumped? [ ]  Yes: [ ]  No: |
| 11) Pipe Location (e.g. CHPP Product, Rejects, etc.)       |
| 12) Pipe Identification №:  | 13) Is flow Continuous? [ ]  Yes: [ ]  No: |
| 14) Does pipe have Severe Vibration [ ]  Yes: [ ]  No:  | 15) Stainless Steel Source Holder Requires? [ ]  Yes: [ ]  No: |
| **PROCESS /MEASUREMENT DETAILS** |
| **Parameter** | **Operational Minimum****- not zero** | **Normal Operation** | **Maximum** |
| 16\*) Calibration Range (SGU) |       |       |       |
| 17\*) Operating Range (SGU) |       |       |       |
| 18\*) Process Temperature (⁰C) |       |       |       |
| 19\*) Ambient Temperature (⁰C) |       |       |       |
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| **Pipe / Process Material Parameters** | **Value / Specifications** |
| 20) Density of solids (SGU) |  |
| 21) Density of carrying liquid (SGU) |  |
| 22) Pipe material |  |
| 23) Solid Density of Pipe Material |  |
| 24) Pipe outside diameter (mm) |  |
| 25) Pipe wall thickness per side (mm) |  |
| 26) Pipe liner material |  |
| 27) Solid Density of Pipe Liner Material |  |
| 28) Pipe liner thickness per side (mm) |  |
| 29) Pipe insulation material |  |
| 30) Solid Density of Pipe Insulation Material |  |
| 31) Pipe insulation thickness per side (mm) |  |
| 32) Temperature Compensation Required Yes: [ ]  No: [ ]  | Temperature Co-efficient:  |
| 33) At the point of measurement, is the pipeline Vertical: [ ]  , Inclined: [ ]  , Horizontal: [ ]  . (vertical recommended) |
| 34) If a Vertical Pipeline, is the flow upwards at the point of density measurement? Yes: [ ]  No: [ ]  |
| **POWER** |
| 35\*) Supply Voltage available, [ ]  240VAC [ ]  115VAC [ ]  Other Specify Other: |
| 36) Power Supply Frequency, [ ]  50Hz [ ]  60Hz | 37) Is power regulated? [ ]  Yes: [ ]  No: |

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| **ENVIRONMENTAL CONDITIONS** |
| 38\*) Minimum Temp experienced on site | Degs C | 39\*) Maximum Temp experienced on site | Degs C |
| 40\*) Density Gauge located in a Hazardous Zone? Yes: [ ]  No: [ ]  | 41\*) Hazardous Zone Classification  |
| 42) Is the proposed installation location in a restricted area? E.g. Confined Spacey, Working at Heights, Yes: [ ]  No: [ ]  | Describe any access constraints / difficulties: |
| **CALIBRATION** |
| 43\*) Calibration Method? Theoretical: [ ] , Marcy Samples: [ ] , Material Drop Test: [ ] , Please mark preferred method |
| 44\*) Is there a Take-Off Point for the Marcy Gauge sample collection, for this proposed Density Gauge (DG)? Yes: [ ]  No: [ ]  |
| 45\*) Is ‘Take-Off Point’ before, or after the DG location, & how far is it from the DG location? Before: [ ] , After: [ ] , Distance:  |
| **COMMUNICATIONS** |
| 46\*) Density Gauge to Plant Communication Type / Protocol. Serial 4-20mA:[ ] , Hart: [ ] , ModBus: [ ] , Other : [ ] , Specify  |
| Additional Communication Requirements: |
| **RADIATION** |
| 47\*) Does site have a ‘Radiation Possession Licence’ for the required Isotope? [ ]  Yes: [ ]  No: |
| 48\*) Has the site appointed a Radiation Safety Officer (RSO)? [ ]  Yes: [ ]  No: If answered “Yes”, please supply contact details below. |
| 49\*) Name: | 50) Designation:  |
| 51\*) Office Phone No: | 52\*) Mobile Phone No:  |
| 53\*) Email Address:  |
| **ADDITIONAL DATA REQUIRED in the event of upgrading / using existing isotope in source holder.** |
| 54) Make of existing radiation Source Holder |  |
| 55) Type of isotope (Cs-137 or Other) |  |
| 56) Activity of isotope (GBq) |  |
| 57) Date measured (dd/mm/yyyy) |  |
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| **OPTIONS** |
| 58) Calibration Slide Plate with fixed absorption material? Yes: [ ]  No:[ ] : Single: [ ]  or Double: [ ]  Calibration Slide Plate. |
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| **ADDITIONAL INFORMATION** |
| 59) Any Other Relevant Information: |