

816A

APPLICATION QUESTIONNAIRE

SFD-2 Microwave Solids Flow Detector

SFI Microwave Solids Flow Indicator

Name: _____ Date: _____
Company: _____ Job Title: _____
Telephone: _____ Address: _____
Fax: _____
Industry of End User: _____ E-mail: _____

Application Requirement:

- Flow Detection (Flow/No Flow) with Relay Contact Output
 Flow Indication (Mass Flow Concentration) with Analog Output

Material: (Trade and/or Scientific Name) _____

Bulk Density: _____

Temperature:

Moisture:

Particle Size: _____

Min: _____

Min: _____ %

Abrasive Corrosive

Max: _____

Max: _____ %

Coats Wall or Probe

Normal: _____

Normal: _____ %

Pipe/Chute:

Internal Pressure:

Material: _____

Min: _____ psig

Diameter/Shape: _____

Max: _____ psig

Air Velocity: _____

Normal: _____ psig

Environment: (Check One)

Hazardous Location Approvals Required:

Indoors Outdoors

Application:

Process Description: _____

Gravity Fed Pneumatically Conveyed

Indicate Specifics of Requirement: _____

Typical Flow Rate in lbs per Hour: _____

Output Will Control: _____

Please use a separate sheet for additional comments and any necessary sketches.