



# Mechanical Level Switch

## Application Data Sheet

*This form must be completed prior to engineering order review.*

General Information	
Customer _____	Tags _____
Item _____	_____
Quantity _____ Delivery _____	_____
By _____ Date _____	_____
Quote # _____ Page ____ to ____	_____
Series Information	
Body <input type="checkbox"/> Flanged <input type="checkbox"/> Sealed <input type="checkbox"/> Top <input type="checkbox"/> Side	
Operation <input type="checkbox"/> Float <input type="checkbox"/> Displacer <input type="checkbox"/> Vane	
Stages <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Narrow <input type="checkbox"/> Wide	
Body Material	
<input type="checkbox"/> A106B CS <input type="checkbox"/> A333 Lo-Temp CS <input type="checkbox"/> A335-P11 Chrome	
<input type="checkbox"/> 316-316LSS <input type="checkbox"/> Monel <input type="checkbox"/> Other _____	
Operation Condition	
Oper. Pressure _____ Max Pressure _____ Units _____ Oper. Temp _____	
Max. Temp _____ Units _____ Oper. S.G. _____ Interface S.G. _____	
Body Ratings	
Max. Pressure _____ @ _____ Max. Liquid Temp. _____ Min. Liquid Temp. _____	
Process Connection	
Config <input type="checkbox"/> VH <input type="checkbox"/> VV <input type="checkbox"/> VVD <input type="checkbox"/> VVT <input type="checkbox"/> Side <input type="checkbox"/> Top <input type="checkbox"/> Top/Btm	
Size <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> 2.5" <input type="checkbox"/> 3" <input type="checkbox"/> 4" <input type="checkbox"/> Other _____	
Type <input type="checkbox"/> NPT <input type="checkbox"/> SW <input type="checkbox"/> Flange _____ # <input type="checkbox"/> RF <input type="checkbox"/> FF <input type="checkbox"/> RTJ <input type="checkbox"/> W/N	
Trim Information	
<input type="checkbox"/> Float <input type="checkbox"/> Displacer <input type="checkbox"/> Vane Attraction Sleeve:	
<input type="checkbox"/> 316/316LS <input type="checkbox"/> Porcelain <input type="checkbox"/> Other _____ <input type="checkbox"/> 400SS <input type="checkbox"/> 316/316LS <input type="checkbox"/> Other _____	
Switch Information	
_____ <input type="checkbox"/> SPST <input type="checkbox"/> SPDT <input type="checkbox"/> DPDT <input type="checkbox"/> Std <input type="checkbox"/> H/S <input type="checkbox"/> G/C <input type="checkbox"/> A/V <input type="checkbox"/> Hi Temp	
_____ amps @ _____ <input type="checkbox"/> AC <input type="checkbox"/> DC <input type="checkbox"/> Inductive <input type="checkbox"/> 150psi 3-way <input type="checkbox"/> 20-60 psi <input type="checkbox"/> 0-30 psi (1540) <input type="checkbox"/> 0-80 psi	
Housing Information	
<input type="checkbox"/> NEMA 4/4X <input type="checkbox"/> NEMA 4/4X/7 (IP65) Grp. <input type="checkbox"/> NEMA 4/4X/7 (IP65) Grp. <input type="checkbox"/> EExd IIC T6 (ATEX)	
<input type="checkbox"/> Exd IIC T6 (TestSafe) <input type="checkbox"/> Ex ia IIC T6 Gb (ATEX) <input type="checkbox"/> Aluminum <input type="checkbox"/> Cast Iron <input type="checkbox"/> Extended	

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### Additional Information (Options / Requirements / Notes / Exceptions)

Provide any additional details that impact the installation, operation, maintenance and overall safety of this product and its intended use.