



Aurora® / Gemini™
with Transmitters, Switches, Accessories
Level Application Questionnaire

DATE _____
RFQ# _____

Customer Information			
Company/Contact/Title _____			
E-mail _____	Phone _____	Fax _____	
Design Conditions			
Proposed Model Number(s) _____			
Process Media _____	<input type="checkbox"/> Steam Present	<input type="checkbox"/> Suspended Solids	Percentage _____
Minimum S.G. _____	<input type="checkbox"/> Constant	<input type="checkbox"/> Changing	Range _____
Interface Service _____	Upper/Lower Liquids S.G.s _____ / _____	Dielectrics _____ / _____	
Interface Emulsion Layer	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Thickness _____
Temperature	Operating _____	Design _____	Ambient _____
Pressure	Operating _____	Design _____	
Does liquid boil or flash?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Area Classification	<input type="checkbox"/> GP	<input type="checkbox"/> Hazardous	<input type="checkbox"/> CI Div _____ Grp _____ <input type="checkbox"/> EP <input type="checkbox"/> NI <input type="checkbox"/> IS
Agency Approval Required	<input type="checkbox"/> None	<input type="checkbox"/> FM	<input type="checkbox"/> CSA <input type="checkbox"/> ATEX <input type="checkbox"/> Other _____
Gauge Specifications			
Materials of Construction	Chamber _____	Process Conns _____	Float _____ Internal Coating _____
Process Connections	Size _____	Type _____	Rating _____
If flanges required:	Gasket Surface _____	<input type="checkbox"/> Slip-on	<input type="checkbox"/> Weldneck <input type="checkbox"/> Other _____
Process connection centerlines	_____	Indication or measurement range	_____
Vent/Drain Conn: 1/2" (F) NPT w/plugs standard	If other, please specify _____		
Indicator/Scale	<input type="checkbox"/> Flag	<input type="checkbox"/> Shuttle	Ruler <input type="checkbox"/> Yes <input type="checkbox"/> No
Ruler units of measure:	<input type="checkbox"/> In/Ft	<input type="checkbox"/> Running in.	<input type="checkbox"/> cm/m <input type="checkbox"/> Percent <input type="checkbox"/> Other _____
Aurora Mounting Configuration	<input type="checkbox"/> Side/side	<input type="checkbox"/> Side/bottom	<input type="checkbox"/> Other _____
Gemini Mounting Configuration	<input type="checkbox"/> Side/side	<input type="checkbox"/> Side/bottom	<input type="checkbox"/> Top/side <input type="checkbox"/> Top/bottom <input type="checkbox"/> Other _____
Construction Design Code	<input type="checkbox"/> Standard	<input type="checkbox"/> NACE	<input type="checkbox"/> ASME B31.3 <input type="checkbox"/> ASME B31.1 <input type="checkbox"/> Other _____
Accessories			
Transmitter	<input type="checkbox"/> External reed chain	<input type="checkbox"/> Top mount ext magnetostrictive	<input type="checkbox"/> Bottom mt ext magnetostrictive
Switch(es)	<input type="checkbox"/> Reed, 1 amp SPDT	<input type="checkbox"/> Snap, 10 amp DPDT	<input type="checkbox"/> Pneumatic
Valves	<input type="checkbox"/> Vent	<input type="checkbox"/> Drain	<input type="checkbox"/> Isolation
Type _____	Material _____	Model _____	
Insulation	<input type="checkbox"/> High temp. (up to +500° F (+260° C))	<input type="checkbox"/> Cryogenic	
	<input type="checkbox"/> High temp. (up to +501° to +1000° F (+261° to +538° C))		
Heat Trace	<input type="checkbox"/> Steam	<input type="checkbox"/> Electric	Thermostat _____
<i>**For Electric Heat Trace Applications, please complete form ORI-345.0**</i>			
Eclipse Guided Wave Radar Specifications			
Proposed Model Number(s) _____			
Process Liquid Dielectric _____	<input type="checkbox"/> Constant	<input type="checkbox"/> Changing	Range _____
Viscosity _____	at what temperature _____		
Media will coat probe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Film <input type="checkbox"/> Bridging <input type="checkbox"/> Solids
Signal Output	<input type="checkbox"/> 4-20 mA	<input type="checkbox"/> HART	<input type="checkbox"/> Digital display <input type="checkbox"/> Foundation Fieldbus
Transmitter enclosure	<input type="checkbox"/> Cast aluminum	<input type="checkbox"/> 316 SS	<input type="checkbox"/> Integral <input type="checkbox"/> Remote <input type="checkbox"/> 3/4" NPT <input type="checkbox"/> M20
Probe Type	<input type="checkbox"/> Coaxial	<input type="checkbox"/> Single	<input type="checkbox"/> Twin rod <input type="checkbox"/> Overfill <input type="checkbox"/> HTHP <input type="checkbox"/> HP <input type="checkbox"/> Steam <input type="checkbox"/> Interface
O-ring Material	<input type="checkbox"/> Viton GFLT	<input type="checkbox"/> EPDM	<input type="checkbox"/> Kalrez 4079 <input type="checkbox"/> Aegis PF 128 <input type="checkbox"/> None
With respect to the top of the indicator or measuring range:			
Max. Level _____	Normal Level _____	Min. Level _____	



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