

# T4000-Gxx TANK FLOAT SWITCH ALARM PROBE QUESTIONNAIRE

YOUR NAME:  DATE:

COMPANY:  JOB REF:

CONTACT NO.  SITE NAME:

**THIS FORM IS PER PROBE ORDERED. USE A SEPARATE FORM FOR ADDITIONAL PROBES. INFORMATION ENTERED ON THIS FORM MUST BE ACCURATE TO ENSURE CORRECT GAUGE ACCURACY.**

TYPE OF LIQUID TO BE MEASURED – SELECT ONE OF THE FOLLOWING:

DIESEL  SG 0.835      GASOIL  SG 0.84      PETROL  SG 0.737  
 KERO  SG 0.81      ADBLUE  SG 1.09      SCREEN WASH  SG 1.04

## ATEX ZONE ASSESSMENT

PLEASE INDICATE WHICH HAZARDOUS ZONE APPLIES BY SELECTION ONE OF THE FOLLOWING:

SAFE AREA       ZONE 2       ZONE 1       ZONE 0

## REQUIRED PROBE SENSOR DIMENSIONS AND CONFIGURATION

PLEASE FILL IN ALL THE DIMENSIONS AND CONFIGURATION BELOW

SELECT UP TO FOUR SENSORS

TANK OVERALL DEPTH  MM

**ALL MEASUREMENTS TO BE TAKEN FROM BOTTOM OF HEAD UNIT THREAD**

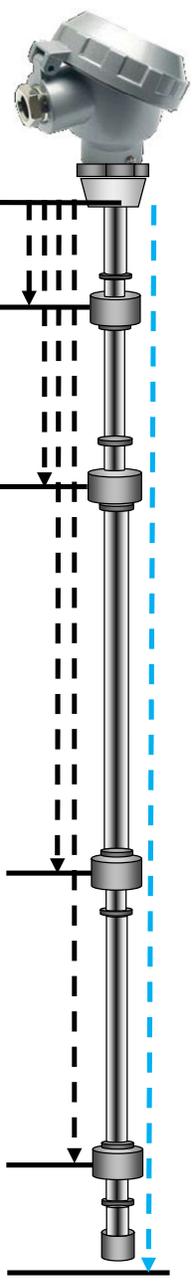
Make on Rise	<input type="checkbox"/>	"HIGH HIGH" SENSOR (SMALLEST VALUE) _____mm
Make on Fall	<input type="checkbox"/>	

Make on Rise	<input type="checkbox"/>	"HIGH" SENSOR _____mm
Make on Fall	<input type="checkbox"/>	

**MINIMUM SEPARATION BETWEEN SENSORS = 35MM**

Make on Rise	<input type="checkbox"/>	"LOW" SENSOR _____mm
Make on Fall	<input type="checkbox"/>	

Make on Rise	<input type="checkbox"/>	"LOW LOW" (LARGEST VALUE) MEASURE WATER LEVEL (LARGEST VALUE) _____mm
Make on Fall	<input type="checkbox"/>	



PLEASE RETURN THIS FORM TO  
 HYTEK VIA FAX OR EMAIL.  
 FAX: 01279 812978 EMAIL: [INFO@HYTEKGB.COM](mailto:INFO@HYTEKGB.COM)