



Project Description Sheet

Date: _____

Requester (Contact)	_____	Phone	_____
Requester Company	_____	Email	_____
End User Company	_____		
Company Address	_____		
City, St/Prov, Zip, Ctry	_____		
End User Phone #	_____		
End User Email	_____		

Summary of Customer's Primary Goal (Business or Operational) _____

Application (check all that apply)

Stock (Inventory Control):	<input type="checkbox"/> Silo	<input type="checkbox"/> Tank	<input type="checkbox"/> Vessel	<input type="checkbox"/> Other: Please Describe	
Make (Batching/Blending, etc.):	<input type="checkbox"/> Hopper	<input type="checkbox"/> Tank	<input type="checkbox"/> Reactor (Batch)	<input type="checkbox"/> Reactor (Continuous)	<input type="checkbox"/> Other: Please Describe
Pack (Dispensing, Dosing, Filling):	<input type="checkbox"/> Belt Scale	<input type="checkbox"/> Belt Feeder	<input type="checkbox"/> Bulk Bagger	<input type="checkbox"/> Filling Machine	<input type="checkbox"/> Other: Please Describe
Ship (Quality Control):	<input type="checkbox"/> Checkweighing	<input type="checkbox"/> Palletizing	<input type="checkbox"/> Shipping Weight		
Other: Please Describe					

Environment (check all that apply)

Vessel Location:	<input type="checkbox"/> Indoor	<input type="checkbox"/> Outdoor	Is there an Agitator or Mixer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Vessel Size: Length Please Describe Width Please Describe Height Please Describe Diameter Please Describe			Vessel Orientation:	<input type="checkbox"/> Vertical	<input type="checkbox"/> Horizontal		
Number of Legs/Supports: Please Describe			Vessel Shape:	<input type="checkbox"/> Square	<input type="checkbox"/> Rectangle	<input type="checkbox"/> Cylindrical	
Expected Vibration:	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High	<input type="checkbox"/> None	Piping Inlets/Outlets:		
Ambient Temperature: Min Max <input type="checkbox"/> °C <input type="checkbox"/> °F			<input type="checkbox"/> Rigid (H)	<input type="checkbox"/> Rigid (V)	<input type="checkbox"/> Flex (H)	<input type="checkbox"/> Flex (V)	
Environmental Conditions:	<input type="checkbox"/> Shock Loading	<input type="checkbox"/> EMI	<input type="checkbox"/> Lightning	<input type="checkbox"/> Earthquake	<input type="checkbox"/> Wind (vessel) or Breeze (platform)	Aggressive Chemicals: Please Describe	
<input type="checkbox"/> Other: Please Describe			Raw Materials:	<input type="checkbox"/> Liquid	<input type="checkbox"/> Powder	<input type="checkbox"/> Granule	<input type="checkbox"/> Slurry
<input type="checkbox"/> Solids <input type="checkbox"/> Other: Please Describe			<input type="checkbox"/> Rat Hole	<input type="checkbox"/> Form Steep Angles of Repose	Do the Raw Materials:	<input type="checkbox"/> Flow Freely	<input type="checkbox"/> Clump

Sensors & Scales (check all that apply)

Sensor Type:	<input type="checkbox"/> Compression	<input type="checkbox"/> Tension	<input type="checkbox"/> Single Point	<input type="checkbox"/> Digital	Capacity: Gross Capacity Insert Capacity Empty: Insert Capacity Material Weight: Insert Capacity
What is the Required Scale Accuracy:	<input type="checkbox"/> 2% to 5% RO	<input type="checkbox"/> 1%-2% RO	<input type="checkbox"/> 0.5% to 1% RO	<input type="checkbox"/> 0.1% to 0.5% RO	
Required Scale Resolution (e.g. steps of 2 lbs, 0.1 gram): Please Describe					
Sensors Mounted:	<input type="checkbox"/> Concrete Floor	<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Mezzanine	<input type="checkbox"/> Other: Please Describe	
Installation Requirement/Use:	<input type="checkbox"/> Welding Fixtures	<input type="checkbox"/> Dummy Supports	<input type="checkbox"/> Dummy Load Cells		
Sensor/Scale Environment Ingress Protection:	<input type="checkbox"/> Dry (IP65)	<input type="checkbox"/> Humid (IP66)	<input type="checkbox"/> Light Wash (IP67)	<input type="checkbox"/> Heavy Wash (IP68/IP69k)	<input type="checkbox"/> Sanitary Wash (IP69k)
Sensor/Scale Metallurgy Requirements:	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Mild Steel	<input type="checkbox"/> Electropolished 316SS	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other: Please Describe
Mount Metallurgy Requirements:	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Mild Steel	<input type="checkbox"/> Electropolished 316SS	<input type="checkbox"/> Other: Please Describe	
Cable Length from Sensor to J-box:	<input type="checkbox"/> ft	<input type="checkbox"/> m	Cable Length from J-box to Instrument:	<input type="checkbox"/> ft	<input type="checkbox"/> m

Sensors & Instruments (continued)

Side Force Protection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Liftoff Protection Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
J-box Type: <input type="checkbox"/> IT <input type="checkbox"/> JB Quantity: HI 6020: HI 215: HI 6010:	Hazardous Area: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> U.S. Class Div Group Temp <input type="checkbox"/> Intl: Please Describe
Bench Scale: Size x <input type="checkbox"/> inches <input type="checkbox"/> mm Capacity: Please Describe <input type="checkbox"/> lb <input type="checkbox"/> kg Accessories: : <input type="checkbox"/> Ball Top <input type="checkbox"/> Indicator Column <input type="checkbox"/> Other: Please Describe	Floor Scale: Size: x <input type="checkbox"/> inches <input type="checkbox"/> mm Capacity: Please Describe <input type="checkbox"/> lb <input type="checkbox"/> kg Deck: <input type="checkbox"/> Smooth <input type="checkbox"/> Tread <input type="checkbox"/> Electropolished <input type="checkbox"/> Lift-Deck Accessories: : <input type="checkbox"/> Pit Frame <input type="checkbox"/> Indicator Column <input type="checkbox"/> Ramp <input type="checkbox"/> Forklift Portability Kit <input type="checkbox"/> Bumper Guard <input type="checkbox"/> Foot Retainer <input type="checkbox"/> Other: Please Describe

Interface (check all that apply)

Instrument Type: <input type="checkbox"/> Plug In Module <input type="checkbox"/> Controller (I/O) <input type="checkbox"/> Weight Processor <input type="checkbox"/> Transmitter <input type="checkbox"/> Indicator	Instrument Mount: <input type="checkbox"/> DIN Rail <input type="checkbox"/> Panel <input type="checkbox"/> Wall <input type="checkbox"/> Blind <input type="checkbox"/> Other: Please Describe
Connectivity: <input type="checkbox"/> EtherNet/IP <input type="checkbox"/> DeviceNet <input type="checkbox"/> ControlNet <input type="checkbox"/> AB Remote I/O <input type="checkbox"/> Profibus-DP <input type="checkbox"/> Analog 4-20ma <input type="checkbox"/> 0 - 10v Analog <input type="checkbox"/> Modbus RTU <input type="checkbox"/> Modbus TCP/IP <input type="checkbox"/> Serial <input type="checkbox"/> Other: Please Describe	
Process Controller: <input type="checkbox"/> PLC <input type="checkbox"/> PAC <input type="checkbox"/> DCS <input type="checkbox"/> PC <input type="checkbox"/> None <input type="checkbox"/> Other: Please Describe	

Data (check all that apply)

What Data Will Be Sent TO the Host Controller: <input type="checkbox"/> Gross weight <input type="checkbox"/> Net weight <input type="checkbox"/> Feed Rate <input type="checkbox"/> Scale ID <input type="checkbox"/> Operator ID <input type="checkbox"/> Material ID <input type="checkbox"/> Other: Please Describe
What Data Will Be Sent FROM the Controller: <input type="checkbox"/> Set Point <input type="checkbox"/> Material ID <input type="checkbox"/> Product ID <input type="checkbox"/> Other : Please Describe

Application Control (check all that apply)

Process Weighing Application: <input type="checkbox"/> Weight <input type="checkbox"/> Feed by Weight (loss in weight) <input type="checkbox"/> Feed by Weight (gain in Weight) <input type="checkbox"/> Feed by Rate (loss of weight) <input type="checkbox"/> Other: Please Describe
Expected Material Flow Rate Range: Min Please Describe Max Please Describe Units: Please Describe
What Material Feed Mechanisms are Used: <input type="checkbox"/> Slide Gate <input type="checkbox"/> Screw Feeder <input type="checkbox"/> Valve (continuous on/off) <input type="checkbox"/> Gravity <input type="checkbox"/> Pump <input type="checkbox"/> Other: Please Describe

Application Diagram (If you believe it would be helpful, please draw a diagram of the application below.)