## **Object change monitoring device** DOM-24

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Please be as detailed as possible

because we will respond based on the information you provide.

## Specification confirmation of Object change monitoring device DOM-24

	Month	Day	Year
Date	/	/	/
Address			
TEL			FAX
Company na	ime		
Your department			Your name

## Operating conditions

Object		$\leftarrow$ Please write as detailed as possible.
Dielectric constant		$\leftarrow$ If you give us a sample, we will measure it.
Conductivity		$\leftarrow If$ you give us a sample, we will measure it.
Object material	Single • Mixed	$\leftarrow If$ the object is "mixed", please write the mixture ratio.
Accuracy quality	%	$\leftarrow$ Please write how much precision do you need.
Ambient temperature	~ °C	$\leftarrow \mbox{Please}$ write the temperature where will be the device.
Ambient pressure	Ра	$\leftarrow \mbox{Please}$ write the pressure values around the device.
Viscosity	cP Pa•s	$\leftarrow$ Please write the viscosity value of the object.
Installing location		←Please write as detailed as possible.
Wetted part material		$\leftarrow \mbox{Please}$ write material name which orrosion resistant to objects.
Have bubbles or not	Yes · No	

Remarks (Simple illustrations etc.)



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We may change specifications without notice for product improvement.