



Chicagoland Office
Phone: 800-953-7626
Fax: 630-595-2386

Milwaukee Area Office
Phone: 800-837-1700
Fax: 262-923-1797

E-mail: sales@lesman.com

Contact: _____ Ext. _____

Name: _____

Company: _____

Street: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____

E-mail Address: _____

This is a: Request for Quote Order: PO# _____

Quantity Needed: _____ Date Required: ____/____/____

Shipping Method: _____ Partial Accepted: Yes No



Measurement Questionnaire pH/ORP/Conductivity/Resistivity/ Concentration/TDS

Industry: _____

Describe the Application: _____

Describe the Solution to be Measured. What Components Are Present, and at What Concentrations?

Type of Measurement: pH ORP Conductivity Resistivity Concentration Total Dissolved Solids (TDS)

Measurement Range: Max: _____ Normal: _____ Min: _____

Process Temperature*: Max: _____ Normal: _____ Min: _____

Process Pressure*: Max: _____ Normal: _____ Min: _____

Process Flow Rate*: Max: _____ Normal: _____ Min: _____

* Sample Conditions, If Applicable.

What Do You Wish to Do with the Instrument? (Check All that Apply)

- Display Measurement
- Retransmit Signal (to DCS, PLC, Recorder, etc.)
- Control Process
 - On/Off Control
 - Proportional Control
 - P.I.D. Control

Special Requirements/Features Needed (Electrical Classifications, Number of Alarms/Relays, Number and Type of Outputs, Power Requirements):

Type of Electrode Mounting: Immersion Inline Insertion/Removal Flow Thru Sanitary

Describe Desired Mounting Configuration: _____

Desired Distance from the Probe to the Analyzer: _____

Preamplifier: External to Analyzer Internal to Analyzer