

3649 Leopard St, Box 30, Suite 302
Corpus Christi, Texas 78408
Phone: 361-882-3444 Fax: 361-882-3441

DATE: _____

TAG NUMBER: _____

NAME: _____ COMPANY: _____

ADDRESS: _____ CITY _____ STATE: _____ ZIP: _____

TELEPHONE:(____) _____ FAX:(____) _____ E-MAIL: _____

FLOW / PROCESS DATA

WHAT PERCENT ACCURACY DO YOU REQUIRE? ± _____ %

FLUID NAME: _____ % CONCENTRATION: _____

LIQUID GAS SATURATED STEAM SUPERHEATED STEAM

FLOW RATE : MAX _____ NORMAL _____ MIN _____ UNITS: _____

TEMPERATURE RANGE: MAX _____ NORMAL _____ MIN _____ °C / °F

PRESSURE: MAX _____ NORMAL _____ MIN _____ UNITS: _____

DENSITY _____ UNITS _____ VISCOSITY _____ UNITS _____ CONDUCTIVITY (MICROMHOS/CM) _____

SPECIFIC HEAT _____ THERMAL CONDUCTIVITY _____

PIPING CONDITIONS:

LINE SIZE / SCHEDULE: _____ PROCESS CONNECTION / RATING _____

LINE MATERIAL OF CONSTRUCTION: _____ LINED: YES NO LINING MATERIAL: _____

STRAIGHT RUNS (ft / in / dia): UPSTREAM _____ DOWNSTREAM _____ WILL METER HAVE ISOLATION / BYPASS LINE: YES NO

TYPE OF OBSTRUCTION: UPSTREAM _____ DOWNSTREAM _____ (Show drawing if possible)

WETTED PARTS: _____ GASKET MATERIAL: _____

ELECTRONICS

ELECTRONICS: INTEGRAL REMOTE CABLE LENGTH BETWEEN ELEMENT AND ELECTRONICS _____ ft

MOUNTING OF REMOTE ELECTRONICS: PIPE WALL PANEL ENCLOSURE TYPE _____

AREA CLASSIFICATION: _____ COMMUNICATION: YES NO TYPE: _____

LOCAL INDICATION: YES NO WITH TOTALIZER: YES NO

OUTPUT (Check all that apply): 4-20 mA PULSE FREQUENCY CONTACT OTHER _____

CONTACT RATING: AC/DC DPDT 3-WIRE DC PNP # CONTACTS _____ ALARMS YES NO # ALARMS _____ TYPE _____

POWER REQUIREMENTS: _____ VDC / VAC LOOP POWERED YES NO OUTPUT GOING TO: _____

COMMENTS: _____
