

# Question & Request Form for Flowmeter



Using this Q. R. Form we determine your requirements to a Delta-Phase Monitoring System. Please fill in the framed panels, tick the cursive data and fax the Q. R. Form to us. Please consider that this Q. R. Form will be the basis for your order.

<b>CUSTOMER DATA</b>	Contact	<input type="text"/>	Date	<input type="text"/>
	Company	<input type="text"/>		
	Address	<input type="text"/>		
	Phone/Fax	<input type="text"/>		
	Email	<input type="text"/>		
	End User	<input type="text"/>		

<b>PERFORMANCE REQUIREMENTS</b>	Will the Gauge be Used for	<input type="checkbox"/> Flow rate indication/control <input type="checkbox"/> Mass flow of gas															
		<input type="checkbox"/> Total fluid <input type="checkbox"/> Other															
<b>PROCESS INFORMATION</b>	Span	<table border="1"> <tr> <th>Min.</th> <th>Normal</th> <th>Max.</th> <th colspan="4">Unit</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> ft/sec</td> <td><input type="checkbox"/> scfm</td> <td><input type="checkbox"/> Nm3/h</td> <td><input type="checkbox"/></td> </tr> </table>	Min.	Normal	Max.	Unit				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ft/sec	<input type="checkbox"/> scfm	<input type="checkbox"/> Nm3/h	<input type="checkbox"/>	
	Min.	Normal	Max.	Unit													
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> ft/sec	<input type="checkbox"/> scfm	<input type="checkbox"/> Nm3/h	<input type="checkbox"/>											
	Accuracy Required:	± _____ % of range;	or	± _____ % of reading													
	Under Normal Conditions (i.e. not during maintenance, etc) is the pipe:	<input type="checkbox"/> Always full <input type="checkbox"/> Normally full															
		<input type="checkbox"/> Partially full <input type="checkbox"/> More than 1/2 empty															

<b>PROCESS INFORMATION</b>	Process Material	<input type="text"/>		
	Is the Process a	<input type="checkbox"/> Slurry <input type="checkbox"/> Solution <input type="checkbox"/> Gases	<input type="text"/>	
		Liquid Phase of slurry or solvent (name):		
		Gas phase of fluid (name):		
	% by volume gases:	<input type="text"/>		

<b>PIPE DETAIL</b>	Pipe Detail	<table border="1"> <tr> <th>Schedule</th> <th>O.D.</th> <th>I.D.</th> <th>Thickness</th> <th colspan="3">Unit</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="checkbox"/> in</td> <td><input type="checkbox"/> mm</td> <td><input type="checkbox"/></td> </tr> <tr> <th colspan="3">Pipe Material</th> <th>liner Material</th> <th colspan="3">Thickness</th> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Schedule	O.D.	I.D.	Thickness	Unit			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> in	<input type="checkbox"/> mm	<input type="checkbox"/>	Pipe Material			liner Material	Thickness			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Schedule	O.D.	I.D.	Thickness	Unit																									
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																								

<b>TRANSDUCER</b>	Temperature	Min. _____	Max. _____	<input type="checkbox"/> °C	<input type="checkbox"/> °F	
	Pressure	Min. _____	Max. _____	<input type="checkbox"/> psig	<input type="checkbox"/> Mpa	<input type="checkbox"/> Bar
	Cable Length Required from Transducers to Transmitter	_____		<input type="checkbox"/> ft	<input type="checkbox"/> m	

Note: Maximum is 100ft/30.5m

<b>ENCLOSURE RATING</b>	Enclosure Rating	<input type="checkbox"/> NEMA 4 <input type="checkbox"/> NEMA 4X <input type="checkbox"/> Other
	Displays Needed (Check all that apply)	<input type="checkbox"/> Flow LED <input type="checkbox"/> Totalizer output LED
		<input type="checkbox"/> Flow LCD <input type="checkbox"/> 2nd flow LCD
<b>POWER REQUIREMENTS</b>	Power Requirements	<input type="checkbox"/> 110VAC <input type="checkbox"/> 220VAC <input type="checkbox"/> 24VDC

<b>INPUTS &amp; OUTPUTS</b>	Outputs	<input type="checkbox"/> One 4-20mA <input type="checkbox"/> More 4-20mA outputs _____ (#)
	Totalizer Spans	<input type="checkbox"/> No Need <input type="checkbox"/> One totalized span; Units per count: _____
		<input type="checkbox"/> More totalized spans _____ (#)
	Relay Outputs	<input type="checkbox"/> No Need <input type="checkbox"/> One Relay <input type="checkbox"/> More Relays _____ (#)
	Density Input	<input type="checkbox"/> Thermo Measure Tech density detector without Transmitter, for mass flow _____

**ADDITIONAL COMMENTS**

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<b>COMPANY STAMP DELTA-PHASE PARTNER:</b>	<input type="text"/>
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