

Flow Meter Application Questionnaire



Customer Information

Please Provide Details

Customer Information	
Company Name <input type="text"/>	Name <input type="text"/>
Name <input type="text"/>	City <input type="text"/>
Phone <input type="text"/>	State Prov <input type="text"/>
E-mail <input type="text"/>	Country <input type="text"/>

Process Information For Process Fluid | Liquids Only

Note Liquids Only			
Fluid Name Description <input type="text"/>	Amount of Solids <input type="text"/> % (If Applicable)	Particle Size <input type="text"/> <input type="text"/> (Unit) (If Known)	
Process Temperature Range	Min <input type="text"/> Max: <input type="text"/> <input type="checkbox"/> °F <input type="checkbox"/> °C	Ambient Temperature Range	Min <input type="text"/> Max <input type="text"/> <input type="checkbox"/> °F <input type="checkbox"/> °C
Pressure @ No Flow <input type="text"/> <input type="checkbox"/> PSIG <input type="checkbox"/> BAR	Pressure @ Operating Flow <input type="text"/> <input type="checkbox"/> PSIG <input type="checkbox"/> BAR	Max. Pressure Drop Allowable <input type="text"/> <input type="checkbox"/> PSIG <input type="checkbox"/> BAR	
Viscosity of Fluid <input type="text"/> cP OR cSt (circle one)	Fluid pH <input type="text"/> (If Known)		

Process Application

Flow Rate Unit Gallons <input type="text"/>	Flow Rate Unit Liters <input type="text"/>	Flow Rate Time Unit Per	<input type="checkbox"/> Second <input type="checkbox"/> Minute <input type="checkbox"/> Hour <input type="checkbox"/> Day
Flow Rate Amount	Minimum <input type="text"/>	Nominal <input type="text"/>	Maximum <input type="text"/>
Flow Direction Is	<input type="checkbox"/> Single Direction <input type="checkbox"/> Bi-Directional <input type="checkbox"/> Continuous <input type="checkbox"/> Pulsing Dosing		
Describe On/Off Times or Batch Size			
Time On <input type="text"/>	Time Off <input type="text"/>	Batch Size <input type="text"/>	Volume <input type="checkbox"/> Gallons <input type="checkbox"/> Litres

Installation

Pipe Material Schedule <input type="text"/>			
Nominal Process Pipe Diameter <input type="text"/>	<input type="checkbox"/> in <input type="checkbox"/> mm		
Connection	<input type="checkbox"/> Flanged <input type="checkbox"/> NPT <input type="checkbox"/> Socket <input type="checkbox"/> Butt <input type="checkbox"/> Hygienic (Tri-Clamp or Tri-Clover)		
Distance from Upstream Elbow <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm	Pump <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm	Full Port Valve <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm	
Reduced Port Valve <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm			
Distance from Downstream Elbow <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm	Pump <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm	Full Port Valve <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm	
Reduced Port Valve <input type="text"/> <input type="checkbox"/> in <input type="checkbox"/> mm	Please Note Any Additional Elements located within 10X Upstream 5X Downstream of the Flow Meter <input type="text"/>		

Flow Meter Application Questionnaire



Location					
Flow Meter Located	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Hazardous Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Class <input type="text"/>	Div <input type="text"/>
Rating	<input type="checkbox"/> General Purpose	Display Indication	<input type="checkbox"/> Flow Rate Only <input type="checkbox"/> Flow Rate + Flow Total	Units <input type="checkbox"/> GPM <input type="checkbox"/> LPM	
Flow Display	<input type="checkbox"/> Integral <input type="checkbox"/> Blind <input type="checkbox"/> Remotely Mounted Distance from Meter <input type="text"/>				
Pipe Orientation	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Inclined		Full Pipe	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intermittent	
Direction Of Flow For Vertical Inclined		<input type="checkbox"/> Up <input type="checkbox"/> Down			
Flow Meter Data					
Calibration Required	<input type="checkbox"/> Factory Standard <input type="checkbox"/> 3rd Party Calibration				
Meter Material	<input type="checkbox"/> PVC <input type="checkbox"/> CPVC <input type="checkbox"/> PP <input type="checkbox"/> PVDF <input type="checkbox"/> 316SS <input type="checkbox"/> FRP <input type="checkbox"/> Other Please Specify				
Distance from Flow Meter To Flow Display		<input type="text"/> <input type="checkbox"/> Ft <input type="checkbox"/> Meters			
<input type="checkbox"/> Analog 4-20mA	<input type="checkbox"/> Digital Frequency	<input type="checkbox"/> Modbus	<input type="checkbox"/> HART	<input type="checkbox"/> Foundation Fieldbus	
<input type="checkbox"/> Frequency + 4-20mA	<input type="checkbox"/> Frequency + Relay	<input type="checkbox"/> Profibus DP	<input type="checkbox"/> Profibus PA	<input type="checkbox"/> DeviceNet	
Accuracy					
Accuracy Required	+/- <input type="checkbox"/> 0.5% +/- <input type="checkbox"/> 0.75% +/- <input type="checkbox"/> 1% <input type="checkbox"/> Other <input type="text"/> Specify				
Display Controller Details					
Location Hazardous Area	<input type="checkbox"/> Yes <input type="checkbox"/> No	Power Supply	<input type="checkbox"/> 18-30 VDC* <input type="checkbox"/> 120 VAC		
Area and Agency Rating	<input type="checkbox"/> General Purpose <input type="checkbox"/> UL/CSA Listed Ex Version Class <input type="text"/> Div <input type="text"/> Other <input type="text"/>				
Temperature @ Flow Transmitter	Min <input type="text"/>	Normal <input type="text"/>	Max <input type="text"/>	<input type="checkbox"/> °F <input type="checkbox"/> °C	
<input type="checkbox"/> NEMA 4X (IP67)		<input type="checkbox"/> DIN Rail Mounted <input type="checkbox"/> Ex Version			
Outputs Required			Communication		
<input type="checkbox"/> Analog 4-20mA	<input type="checkbox"/> Digital Frequency	<input type="checkbox"/> Modbus	<input type="checkbox"/> HART	<input type="checkbox"/> Foundation Fieldbus	
<input type="checkbox"/> Frequency + 4-20mA	<input type="checkbox"/> Frequency + Relay	<input type="checkbox"/> Profibus DP	<input type="checkbox"/> Profibus PA	<input type="checkbox"/> DeviceNet	
Additional Application Information Notes					

Additional Application Information | Notes

* Not Required for Low Voltage VDC Meters



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Disclaimer

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