

Application Information Form Vortex Flow Meter

Company _____

Address _____

City _____ State _____ Zip _____

Contact Name _____

Title _____

Tel. No. for Technical Questions () _____

Signature _____ Date ____/____/____

Reviewed by _____ ____/____/____

Approved by _____ ____/____/____

1. Fluid Data:

Name: _____

Description: _____

Type (If Applicable): Volumetric ___ or Mass Flow _____

Viscosity: ___ Min. ___ Max. ___ (Cps, Cst, etc.)

Density: ___ Units ___ (lbs/ft³, lbs/gal etc)

Or Spec. Gravity _____

Flow Rate	Units*
_____ (Min.)	_____
_____ (Typ.)	_____
_____ (Max.)	_____

* Lbs/hr, lbs/min, kg/hr, kg/min GPM, GPH, LPH, etc

* * SCFM, SCFH, ACFM, ACFH for gases

Important :

For gases : Please clearly specify flow rate and density is actual operating _____ OR at standard conditions @68F _____

For Steam : Saturated : _____ or Superheated _____ (circle one)

Density compensation: YES or NO (circle one)

If Yes select Fixed _____ or Online _____

Application Information Form Vortex Flow Meter

If Online select Temperature only _____ Pressure & Temp _____

Does Fluid Contain Solids? Y or N

Does Fluid Contain Gas or Entrained Air? Y or N

If Yes, : ____ % Solids or Air : ____ (approx.)

Is Flow Continuous or Batch and/or Pulsing

If Pulsing, Describe On/Off Times, Pulse Rate or Batch Size:

2. Equipment Preference

Desired Scale for 4-20mA Output: _____

Accuracy Required: _____ % full scale

Meter turndown required: 1:1 1:5 1:10 or >1:10 (circle one)

Connections: Flanged _____ or Wafer: _____

Line Size: _____ (inches) Pipe SCH _____

Rating ANSI 150# 300# 600# Other: _____

Is pipe reducing/expanding allowed? Y or N (for optimum meter sizing)

Circle how much straight piping is available upstream and downstream of the meter:

Upstream: 10D 15D 20D >30D other (specify): _____

Downstream: 5D ≥10D other (specify): _____

Materials of Wetted Parts acceptable to process:

316SS/ HASTC /Titanium Y or N (circle)

Hazardous Area (FM): Y or N (circle one) & If yes: specify Class: _____ Group: _____ Div.: _____

Local Indication? Y or N. (circle one)

Converter/Style: Integral _____ or Remote _____ Cable length _____ feet

HART option: Y or N Pulse output : Y or N

POWER SUPPLY: 24VDC available Y or N

Special Requirements:

4. Temperature / Pressure: (**must for steam/gas)

Application Information Form Vortex Flow Meter

Operating Fluid Temperature:**

_____ Min _____ Norm _____ Max (Deg. F or C)

Operating Pressure:**

_____ Min _____ Norm _____ Max (PSIG)

Ambient Temperature:

_____ Min _____ Norm _____ Max (Deg. F or C)

5. Describe your flow application briefly and what it is you wish to accomplish: (if required add sketch)
