

KROHNE VA Flowmeter

Application Information Form

Tag # _____

So we may better understand your application, we ask that you complete this form. ACI Instrumentation Limited will offer the instrument that is best suited to your needs. We suggest you make a *photocopy* of this form, leaving the original intact for additional applications.

Company _____
Address _____
City _____ State _____ Zip _____
Contact Name _____
Title _____
Tel. No. for Technical Questions () _____
Signature _____ Date ____/____/____

Reviewed by _____ /____/____

Approved by _____ /____/____

1. Fluid Data:

Name: _____
Description: _____
% Concentration (If Applicable) _____
Viscosity: _____ Min. _____ Max.
Units: _____ (Cps, Cst, etc.)

Does Fluid Contain Solids? **Y** or **N**

If Yes, Particle Size/Desc.: _____
% Solids: _____ (approx.)

For Liquids: Density: _____ lbs/ft³ or Spec. Gravity _____

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

* GPM, GPH, LPH, M³PH, Other: _____

Does Fluid Contain Gas or Entrained Air? **Y** or **N**

If Yes, % Gas _____ (approx.)

For Gases:	Standard	Flowing	Units
Density / Spec. Gravity	_____	_____	_____

Flow Rate	Units*	Accuracy Req.
_____ (Min.)	_____	_____ % Rate
_____ (Typ.)	_____	_____ % Rate
_____ (Max.)	_____	_____ % Rate

* SCFM, SCFH, ACFM, ACFH

Is Flow **Continuous** or **Pulsing / Batch**

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

2. Equipment Preference

Desired Scale: _____
Accuracy Required: _____ % full scale

Connections:

Size: _____ (inches)
ANSI 150# ANSI 300# ANSI 600#
Threaded Other: _____

Materials of Wetted Parts:

316SS: _____, Teflon: _____, Ceramic: _____
Hastelloy C: _____

Hazardous Area (FM): Y or N If yes:

Class: _____ Group: _____ Div.: _____

Local Indication? **Y** or **N** Remote Transmission? **Y** or **N**.
Limit Switches? **Y** or **N** If Yes, How Many? _____

Special Requirments: _____

4. Temperature / Pressure:

Operating Fluid Temperature:
_____ Min _____ Norm _____ Max (Deg. F or C)

Ambient Temperature:
_____ Min _____ Norm _____ Max (Deg. F or C)

Operating Pressure:
_____ Min _____ Norm _____ Max (PSIG)

5. Describe your flow measurement problem and what it is you wish to accomplish:

ACI Instrumentation Limited 120 Woodstream Blvd., Unit #6
Ph. (905) 265-0063 or 1-877-344-0744

Fax to (905) 265-0064 or Email to sales@aciltld.ca