

FLOW APPLICATION QUESTIONNAIRE



For an immediate quotation, please fill in the appropriate details below and email to: info@able.co.uk

YOUR INFORMATION	
Name:	_____
Company:	_____
Address:	_____
Town/City:	_____ Postcode: _____
Phone No:	_____ Website: _____
Email:	_____

PROCESS CONDITION INFORMATION			
Fluid:	Application:		Tag No:
Design Temp °C:	Design Pressure Barg:		
Process Conditions	Minimum	Normal	Maximum
Flowrate m3/hr			
Operating Temp °C			
Operating Pressure Barg			
Viscosity cSt			
Density kg/M ³ /mw			
% Solids / % Gases / % Liquid			

PIPEWORK	
Nom. Pipe Size:	Can Flow be Stopped to Set Zero? Yes <input type="checkbox"/> No <input type="checkbox"/>
Pipe Material:	
No. of Straight Lengths Up/Down:	Pipe Full of Liquid: Yes <input type="checkbox"/> No <input type="checkbox"/>
Schedule/Wall:	Pipe Orientation: Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other <input type="checkbox"/>
Connections:	

KEY DETAILS	
Preferred Wetted Materials:	Required IP Rating: Flowrate: Yes <input type="checkbox"/> No <input type="checkbox"/> Total: Yes <input type="checkbox"/> No <input type="checkbox"/> 4-20mA: Yes <input type="checkbox"/> No <input type="checkbox"/> Pulse: Yes <input type="checkbox"/> No <input type="checkbox"/> Alarms: Yes <input type="checkbox"/> No <input type="checkbox"/> Mass: Yes <input type="checkbox"/> No <input type="checkbox"/>
Hazardous Area Classification:	
Distance to Safe Area:	
Display Located in Safe Area?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Available Power Supply:	
Communications (Please specify):	
Desired Accuracy: % Reading <input type="checkbox"/> Full Scale <input type="checkbox"/>	

ANY OTHER INFORMATION

Registered Address
 ABLE Instruments & Controls Ltd
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