

Great Lakes Industrial Controls®

VARIABLE AREA ROTOMETER QUESTIONNAIRE

1387 Confederation St. Sarnia, ON N7S 5P1
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CUSTOMER NAME:	PHONE:	FAX:
COMPANY NAME:	QUANTITY:	

IMPORTANT: MODEL AND SERIAL NO. OF EXISTING METER IF REQUIRE EXACT REPLACEMENT:

OPERATING CONDITIONS

FLUID/MEDIA:	LIQUID OR GAS:	
SPECIFIC GRAVITY:	VISCOSITY (in cP):	pH VALUE:
DESIRED RANGE OF METER:	MAX. ALLOWABLE PRESS. DROP:	
FLOW & UNITS / CONSTANT OR VARIABLE: Normal Operating: _____ Maximum: _____ Minimum: _____	TEMPERATURE / CONSTANT OR VARIABLE: Normal Operating: _____ Maximum: _____ Minimum: _____	
INLET PRESSURE / CONSTANT OR VARIABLE: Normal Operating: _____ Maximum: _____ Minimum: _____	OUTLET PRESSURE / CONSTANT OR VARIABLE: Normal Operating: _____ Maximum: _____ Minimum: _____	

PIPING SYSTEM DESIGN CRITERIA

LINE SIZE(S):	DESIGN PRESSURE (MAX.):
PIPING MATERIAL:	DESIGN TEMP. (MAX.):
SIZE OF CONNECTIONS:	CONNECTIONS: <i>Meters must be mounted in vertical orientation</i>
TYPE OF CONN./NPT OR FLANGED:	<input type="checkbox"/> Back <input type="checkbox"/> Side <input type="checkbox"/> Top / Bottom
SCALE UNITS REQUIRED ON METER:	ACCURACY REQUIRED: <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/> 5% <input type="checkbox"/> 10% <input type="checkbox"/> Other:
CONTROL FUNCTION OF METER: <input type="checkbox"/> Indication Only / No Control <input type="checkbox"/> Alarm (On/off) Electrical Contact (s) <input type="checkbox"/> Modulating 4-20 mA Electrical Output Signal	MANUAL VALVE: <input type="checkbox"/> NEEDLE <input type="checkbox"/> NRS <input type="checkbox"/> Inlet Only <input type="checkbox"/> Outlet Only <input type="checkbox"/> Inlet & Outlet
	AUTOMATIC FLOW CONTROLLER: <input type="checkbox"/> Inlet Only <input type="checkbox"/> Outlet Only

OTHER INFORMATION

PURGE OR PROCESS SERVICE:	ELECTRICAL AREA CLASSIFICATION: <input type="checkbox"/> Non-Explosion Proof <input type="checkbox"/> Class I Div.II Explosion-Proof <input type="checkbox"/> Class I Div.I Explosion-Proof
METAL OR GLASS TUBE DESIGN:	
ELASTOMER MATERIAL:	
SIGNATURE:	DATE: