



Vortex Shedding Flow Meters

Application Data Sheet

Contact Details

Date: _____

Name: _____ Title: _____

Company Name: _____

Address: _____ Tel: _____

_____ Fax: _____

_____ E-mail: _____

Application Details

Project/RFQ No.: _____ Tag No. _____

Type of flow meter required? Wafer Insertion Don't Know

Fluid Type/Media: _____

Flow Range: Minimum: _____ Maximum: _____ Nominal: _____

Pressure: Minimum: _____ Maximum: _____ Nominal: _____

Temperature: Minimum: _____ Maximum: _____ Nominal: _____

Line Size, Connection: _____ Pipe Schedule _____ Inside Diameter _____

Straight Pipe Diameters: Upstream _____ Downstream _____

Density: _____ Specific Gravity: _____

Primary Variable (PV): 4 mA Value: _____ 20 mA Value: _____

Hazardous area or other certifications required: _____

Local display required? Yes No Mass Flow Compensation required? Yes No

Comments:

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