

R.A. KIRBY SALES INC.

Environmental, Level & Analytical Specialists

FLOW QUESTIONNAIRE

Give us your flow measurement requirements
& we will provide a prompt evaluation

COMPANY : _____ DEPT : _____
NAME : _____ TEL : _____
TITLE : _____ FAX : _____
EMAIL : _____
ADDRESS : _____
CITY : _____ PROV : _____ POSTAL CODE : _____

Description: _____ Gas: _____ Liquid: _____

Industrial: _____ Sanitary: _____ Cryogenic: _____ API: _____

What is your flow medium? _____ Liquid: _____ Gas: _____ Powder: _____

Viscosity: _____ Cp/cstk/SSU@ _____ F ° Specific Gravity: _____

PH: _____ % Solids: _____ which pass through _____ mesh screen

Flowrate(LPH):Min: _____ Max: _____ Norm: _____ Steady: _____ Variable: _____ Pulsating: _____

Temperature (F°): Min: _____ Max: _____ Norm: _____ Time @ Max: _____

Pressure (PSIG): Min: _____ Max: _____ Norm: _____ Max Allowable Drop: _____

Clean - in - place: Yes: _____ No: _____

Liquid: _____ Rate (gal/min): _____ Temp (°F): _____ Time: _____

Piping: Size: _____ Material: _____ Preferred End Fitting: _____ Sched: _____

Flow Source (Please Check): Positive Displacement Pump: _____ Centrifugal Pump: _____

Tank (gravity Feed): _____ Diaphragm Pump: _____ Other: _____

Accessory Interface (Please Check)

Rate Display: _____ Batch Control: _____ Totalize: _____ Local: _____ Remote: _____ Hi/Lo Alarms: _____

Temperature Compensation: _____ Pressure Compensation: _____ UVC: _____ Mass Flow Control: _____

Record: _____ Transmit 4 - 20: _____ 0 - 5 VDC: _____ Transmit Specify: _____

Computer Interface/Specify: _____

Enclosure Need: NEMA Type: 1 (General Purpose): _____ 4 (Waterproof): _____ 7 (Explosion Proof): _____

Wall Mount: _____ Panel: _____

Hazardous Environment: Yes: _____ No: _____ Class: _____ Div: _____

Special Considerations: _____