

KROHNE - Texas Flow Solutions

4100 N. Sam Houston Pkwy W.
Houston, Texas 77086
1-800-FLOWING



**Coriolis Mass Flowmeter
Application Information Form**

Tag No: _____

Customer	Company: _____	Contact: _____
	Address: _____	Phone: _____
	_____	Fax: _____
	City, State, Zip: _____	E-mail: _____

Product Data	o Product: _____ State: _____ liquid or gas	
	o Viscosity:	min: _____ max: _____ norm: _____ units: _____ cPs, etc
	o Density:	min: _____ max: _____ norm: _____
	o Specific gravity:	min: _____ max: _____ norm: _____
	o Molecular weight:	min: _____ max: _____ norm: _____
	o Air / Solids? Y/N: _____ Particle size: _____ % solids: _____ By volume: _____ By mass: _____	
	Abrasiveness, low: _____ medium: _____ high: _____	
	For liquid Service:	
	Does product contain Gas/ Entrained Air? Y/N: _____ % by volume: _____	
	For Gas Service:	
Does product contain Liquid Droplets? Y/N: _____ type & % by volume: _____		

Operating Conditions	o Flow Rate: design: _____ GPM, SCFM, etc _____ % rate accuracy required
	minimum: _____ GPM, SCFM, etc _____ % rate accuracy required
	maximum: _____ GPM, SCFM, etc _____ % rate accuracy required
	o Is Flow Continuous or Pulsing / Batch? _____
	Describe Pulse Timing, Pump Type, or Batch Size: _____
	o Temperature / Pressure (at meter site):
Operating Fluid Temp, min: _____ normal: _____ max: _____ Deg (°F or °C) _____	
Ambient Temperature, min: _____ normal: _____ max: _____ Deg (°F or °C) _____	
Operating Pressure, min: _____ normal: _____ max: _____ psig	

o Signal Converter: Remote: _____ Integral: _____ Display: _____ (Yes or No)
if remote, distance from sensors to converter: _____ ft. (30 ft standard, 1,000 ft maximum)
o Supply Voltage:
110/ 120 VAC: _____ 220/240 VAC: _____ 24 VDC: _____ 24 VDC loop power: _____

o Hazardous Area: _____ General purpose: _____ Hazardous: _____

o Agency Approvals: _____ (FM, CSA, EHEDG, 3A, ASME, Bio-processing, Standard, other)

o Measuring Functions Desired:

Standard: _____ (Mass Flow Rate, Totalized Mass, Density, Referred Density, Temperature, Volumetric Flow, Totalized Volume)

Optional: Brix: _____ General concentration: _____ NaOH concentration: _____
 Baume 144.3 _____ Baume 145.0 _____ Plato: _____

o Output / Communications Options: *Pick one of the feature options below*

Standard: _____ 1 x 4-20 mA, 1 x Pulse, 1 x Control Input, 1 x Status Output - HART

Optional: _____ 1 x 4-20 mA, 1 x Modbus

Optional: _____ 1 x 4-20 mA, 1 x Control Input, 1 Dual Phase Frequency Output - HART

Optional: _____ 2 x 4-20 mA, 1 x Pulse, 1 x Control Input - HART

Optional: _____ 2 x 4-20 mA, 1 x Status Output, 1 x Control Input - HART

Optional: _____ 3 x 4-20 mA, 1 x Pulse - HART

Optional: _____ 3 x 4-20 mA, 1 x Control Input - HART

Optional: _____ 3 x 4-20 mA, 1 x Status Output - HART

Optional: _____ 2 x 4-20 mA - HART (outputs galvanically separated from each other)

Optional: _____ 1 x 4-20 mA, 1 x Pulse - HART

Optional: _____ 1 x 4-20 mA, 1 x Control Input - HART

Optional: _____ 1 x 4-20 mA, 1 x Status Output - HART

Optional: _____ 1 x 4-20 mA, 1 x Profibus PA

o Connections: ANSI Class: _____ (150, 300, 600, 900, 1500 # RF) Size: _____
 Sanitary, Quick Disconnect: _____ Size: _____ Other: _____

o Pipe Specs: OD: _____ (inches, mm) Schedule: _____ Material: _____

o Is CIP-able or SIP-able Required? Y/N: _____

o Liquid / Steam Heating Jacket? Y/N: _____ (with Titanium and 318 SST)

o Purge Fittings? Y/N: _____

o Sensor Surface Finish: _____ Standard _____ Polished RA 0.5 μm (with titanium and 318 SST)

OTHER	<p>o Describe your flow measurement problem and what it is you wish to accomplish: _____</p> <p>_____</p> <p>_____</p>
	<p>o Please use space below to show the installation including fluid flow direction and any other equipment.</p>

Please Email or fax Application Information Form to;

Email: sales@txflowsolutions.com

Fax No: (281) 866-7834