

Company

address

FLOW Measurement

Technical validation Form



Date :

 COMM-No :
 XXXXXXXX

 Contact
 email
 Tel
 Fax

Application Description

--

Basics conditions

Flow	Min	Nom :	Max	<input type="checkbox"/> kg/h
	_____	_____	20_____	<input checked="" type="checkbox"/> t/h
Accuracy	_____ %			
Conveying	<input type="checkbox"/> Continuous		<input type="checkbox"/> Discontinuous (ex : big bag)	
	<input type="checkbox"/> free fall		Height(m) : _____	
	<input type="checkbox"/> pneumatic		Velocity (m/s) : _____	
Pressure	Min	Max	<input type="checkbox"/> bar	
	_____	_____	<input type="checkbox"/> _____	
Ambiant Temperature	Min	Max	<input checked="" type="checkbox"/> °C	
	_____	_____80_____	<input type="checkbox"/> _____	
ATEX/Hazardous area	<input type="checkbox"/> No			
	<input type="checkbox"/> Yes	Area	_____	
Reference Measurement: Material collecting and weighing, for calibration?	<input type="checkbox"/> Not possible			
	<input type="checkbox"/> Bulk truck Loading			
	<input type="checkbox"/> Big bag loading			
	<input type="checkbox"/> Other : _____			

Material Characteristics

Description / Type	_____		
Different Solid materials?	<input type="checkbox"/> no	<input type="checkbox"/> Yes : _____	
Density (kg/m ³)	_____		
Granulometry	_____		<input type="checkbox"/> mm
			<input type="checkbox"/> mesh
Température	Min	Max	°C
	_____	_____	<input type="checkbox"/> _____
Moisture(%)	_____		
Abrasion	<input type="checkbox"/> no	<input type="checkbox"/> low	<input type="checkbox"/> high
adherence	<input type="checkbox"/> no	<input type="checkbox"/> low	<input type="checkbox"/> high

Sensor position

Pipe	Inside Diameter (mm/inch)	_____
	thickness(mm/inch)	_____
Conveying system before the sensor		_____
Conveying system after the sensor		_____