Liner Material

Name: Canada Industrial & Technical Services Inc Company: Street: CINDTECHS INC. City: _____ State: ____ Zip: _____ E-mail Address: 80 Aberdeen St. Suite 100 Phone:() Fax:() Ottawa, ON Canada This is a: ☐ Request for Quote ☐ Order: PO# _____ CINDTECHS K18 5R5 Quantity Needed: ______ Date Required: ____/____ _____ Ext. _ Shipping Method: _____ Partials Accepted: ☐ Yes ☐ No SIEMENS Clamp-On Flowmeters **Application Datasheet** Transducer and Cable Data **Process Data** Fluid Transducer Type ☐ Corrosion-Resistant ☐ Submersible □ Dedicated □ Portable (Choose All that Apply) Solids or Gases %: (If Applicable) Will Transducer Be Exposed to Sunlight? ☐ Yes ☐ No _____ (If Known) Particle Size Will Transducer Be Installed in a Hazardous Area? ☐Yes ☐ No Viscosity ______ @ Temp: _____ □°C □°F If Yes, Provide Agency Approval and Area Rating Specific Gravity ______ @ Temp: ____ \(\Boxed{\text{\$\cupsymbol{Q}'}} \) \(\Boxed{\text{\$\cupsymbol{C}'}} \) ☐ FM/CSA (List Class/Div) _ Pressure at Zero Flow PSI BAR ☐ CENELEC (List Zone/Protection Type) _____ Pressure at Nominal Flow _____ PSI BAR Other (Please Specify) Process Conditions Min. Length from Transducer to Flowmeter _____ ☐ Feet ☐ Meters Normal Max. Units Flow Rate Cable Type _____ Temperature Flowmeter Data ☐ Single Direction ☐ Bi-directional Flow □ Continuous □ Pulsing Units Min. Normal Temperature Max Time On: _____ Pulsing Flow: Time Off: @ Flow Computer □°C □°F Batch Size: Input Power □VAC □VDC Will Flow Computer Be Installed in a Hazardous Area? ☐ Yes ☐ No Pipe Data Multiple Pipes? \square Yes \square No If Yes, Provide Agency Approval and Area Rating \square No Are Both Sides of Pipe Accessible for Mounting? □Yes ☐ FM/CSA (List Class/Div) _____ Length of Unobstructed Pipe _____ ☐ Feet ☐ Meters ☐ CENELEC (List Zone/Protection Type) _____ Full Pipe? ☐ Yes \square No ☐ Intermittent ☐ Other (Please Specify) Pipe Orientation ☐ Horizontal □ Vertical ☐ Inclined Flowmeter Outputs: List Number and Type Needed Flow Direction (for Vertical/Inclined) Up □ Down 4-20 mA \Box 0 \Box 1 \square_2 □4 Straight Run (in Pipe Diameters) 0-10 V \Box 0 \Box 1 \square 2 □4 □6 Upstream: _____ Downstream: ____ Pulse Gen \Box 0 □1 □2 □4 □6 □ 0 □ Form A ☐ Form B Relay ☐ Dry Contact Pipe Material/Schedule Digital Comms RS232 ☐ Modbus ☐ Ethernet Actual Outside Diameter □ Inches □ mm ☐ Other: ___ Nominal Pipe Size ☐ Inches ☐ mm **Calibration Data**

Calibration

Type

□Standard

Accuracy Required _____

☐ Actual Flow

In-House 4 Pt

□ NIST Traceable

In-House 6 Pt

____% □Span □Flow

☐ Actual Flow

Attach a sketch of your application, including dimensions, sensor and electronics locations. Note any special requirements, obstructions, and restrictions that may affect measurement.