

Questionnaire Concerning Oval Gear Meter

In Order to permit engineering to make an appropriate offer, please answer the following questions.

Your Address: _____ Your Reference no.: _____
 _____ Tag no.: _____

1. Liquid to be measured

Designation / chemical composition _____
 Content of solid matters: _____ Viscosity at operating temperature: _____
 Density: _____ Corrosion-resistant materials required: yes no

2. Operating data

Flow rate min / max _____ Use for custody transfer: yes no
 Operating pressure min / max _____ Operating temperature _____
 Ambient temperature min / max _____ Kind of pump _____
 Flowing conditions continuous pulsating intermittend Explosion protection required yes no

3. Required setup and auxillary equipment

Direction of flow: _____ (e.G. left to right) Pieces: _____
 Direction of reading _____
 max. perm. Pressure los _____ Special painting _____
 Flange EN1092-1 (DIN) ANSI TW Special connection _____

Counter

Single pointer indicator non resettable	Z	<input type="checkbox"/>
Double pointer indicator resettable	ZR	<input type="checkbox"/>
5-digit Counter resettable	M	<input type="checkbox"/>
Ticket printer, mechanical (only with "M")	D	<input type="checkbox"/>
Batch preset 5-digit (only with "M")	V	<input type="checkbox"/>
Valve- / Pump operating (only with "V")	SE	<input type="checkbox"/>
Elektronic Counter „Z-Box“ (Volume- and Flowrate)	Z-Box	<input type="checkbox"/>

Pulse generator

Output at DIN EN60947-5/-6 NAMUR, explosion protection	1-kanalig	<input type="checkbox"/>
	2-kanalig	<input type="checkbox"/>
PNP-Transistor output, non explosion protection	1-kanalig	<input type="checkbox"/>
	2-kanalig	<input type="checkbox"/>

Pulse rate:

Extensions (between measurement chamber and Counter)

NOT allowed for electronic Counter „Z-Box“

Angle 45 °	W45	<input type="checkbox"/>
Angle 90°	W90	<input type="checkbox"/>
Insulation pieces for cold	LT	<input type="checkbox"/>
Extension 125 mm	L125	<input type="checkbox"/>
Extension 250 mm	L250	<input type="checkbox"/>
Extension 500 mm	L500	<input type="checkbox"/>
Extension 750 mm	L750	<input type="checkbox"/>
Extension 1000 mm	L1000	<input type="checkbox"/>

Please enclose a drawing of the peripheral measuring equipment and installation on site.

Place, Date _____ Sign _____