



FMD PROVER DESIGN APPLICATION DATA SHEET

CUSTOMER INFORMATION

Company:		Contact:	
Telephone #		Email Address:	
Address:			
Country:		Install Location	

- End User
 Engineering Firm
 Dealer
 Distributor
 Fabricator
 Consultant

APPLICATION INFORMATION:

Name of Process Chemical				
Nominal Flow Rate	Max:	Min:	<input type="checkbox"/> GPM	<input type="checkbox"/> BPH
Viscosity	Max:	Min:	<input type="checkbox"/> M3/H	<input type="checkbox"/> LIT/H
Density	Max:	Min:		
Temp (Process Fluid)	Max:	Min:	Ambient:	Design:
Line Size				
Climate	<input type="checkbox"/> Off Shore <input type="checkbox"/> On Shore <input type="checkbox"/> Snow/Ice <input type="checkbox"/> Laboratory			
Prover Use	<input type="checkbox"/> Portable (i.e. trailer or truck mount) <input type="checkbox"/> Stationary			
Flow Meter Type	<input type="checkbox"/> Coriolis <input type="checkbox"/> Turbine <input type="checkbox"/> PD <input type="checkbox"/> Ultrasonic			
Flow Meter Size / Model #				

PROVER INFORMATION:

Prover Type:	<input type="checkbox"/> Horizontal		<input type="checkbox"/> Vertical	
Structural Components	<input type="checkbox"/> 304 & galvanized frame		<input type="checkbox"/> 316 & galvanized frame	
Wetted Components	<input type="checkbox"/> 304 SS		<input type="checkbox"/> 316 SS	
Flow Rate	Min:	Nominal :	Max:	
	<input type="checkbox"/> GPM <input type="checkbox"/> BPH <input type="checkbox"/> M ³ H <input type="checkbox"/> LIT/H			
Flange Configuration	<input type="checkbox"/> RR <input type="checkbox"/> RL <input type="checkbox"/> RT <input type="checkbox"/> 4A <input type="checkbox"/> LL <input type="checkbox"/> LR <input type="checkbox"/> LT <input type="checkbox"/> TT <input type="checkbox"/> TR <input type="checkbox"/> TBD			
Pressure Class	<input type="checkbox"/> ANSI <input type="checkbox"/> PED – International Only			
Flange Type (WN)	<input type="checkbox"/> (RF)Raised Face <input type="checkbox"/> (RTJ)Ring Face			
Pressure	Max	Min	<input type="checkbox"/> PSIG <input type="checkbox"/> BAR	



Pressure Rating	<input type="checkbox"/> 150 # <input type="checkbox"/> 300# <input type="checkbox"/> 600 # <input type="checkbox"/> 900# <input type="checkbox"/> 1500# _____ Stainless Pressure Rating (1-5) _____ Duplex Pressure Rating (A-E)
Covers Type	<input type="checkbox"/> Standard (Quick Access) <input type="checkbox"/> Purge (≤ -20° F Product)
Area Classification	<input type="checkbox"/> USA /CSA Class 1Div 1 40°C <input type="checkbox"/> ATEX Ex d mb [ia] IIB T3 Gb -20° to 54°C <input type="checkbox"/> IECEx Ex d mb [ia] IIB T3 Gb -20° to 54°C <input type="checkbox"/> US/CSA Class 1 Div 1 60°C (consult factory) <input type="checkbox"/> US/CSA Class 1 Div 2 40°C <input type="checkbox"/> US/CSA Class 1 Div 2 60°C
Frequency	<input type="checkbox"/> DC <input type="checkbox"/> 50 HZ <input type="checkbox"/> 60 HZ
Motor Voltage	<input type="checkbox"/> 24VDC (007-035) <input type="checkbox"/> 110-120 VAC single phase (007-035) <input type="checkbox"/> 220/230/240 VAC single phase (007-060) <input type="checkbox"/> 208-230/240 VAC 3 Phase <input type="checkbox"/> 380/400/415 VAC 3 Phase <input type="checkbox"/> 440/460/480 VAC 3 Phase <input type="checkbox"/> Hydraulic
Tube Finish	<input type="checkbox"/> White Wrap (Std) <input type="checkbox"/> Natural Finish
Seal Material	<input type="checkbox"/> Ekonal <input type="checkbox"/> Carbon

Control system to be used:

- OMNI® Spirit FLOWX Daniel ROC Krohne 8800 Dynamic PDAQ Daniel FLOBOSS

If other please list manufacturer & model #: _____

Tagging: Tags Required? Yes No Tag #: _____

Please include any relevant requirements and or drawings.

SPECIAL REQUEST:

Any special requests or any questions, please call FMD or your local representative for assistance.

Completed by: _____

Date: _____