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Flow Measurement Devices
INQUIRY SHEET

Please fax to: +49 (0) 22 96 / 99 99 642 or send via e-mail to: sales@tecmara.de

Contact data

Company:	_____	**Project:**	_____
Name:	_____	**Inquiry No.:**	_____
Phone:	_____	**Date:**	_____
Fax:	_____	**Email:**	_____

Requested Design Data

Flow / level:	☐ flow ☐ level
Type of measurement:	☐ volume flow ☐ mass flow
Flow direction:	☐ ⇦ ☐ ⇨ ☐ ⇧ ☐ ⇩ ☐ any
State of aggregation:	☐ liquid ☐ gaseous ☐ vaporous
Medium:	name: _____ formula: _____ concentration: _____
Pressure:	_____ bar ☐ absolute atmosphere ☐ above atmospheric
Temperature:	_____ [_____] unit
Density:	_____ [_____] unit
Viscosity:	_____ [_____] unit
Conductivity:	☐ conductive ☐ not conductive
Solids content:	☐ < 1 % ☐ > 1 % size: _____
Measuring accuracy:	_____ %
Max. rate of measurement:	_____ [_____] unit
Ambient temperature:	_____ [_____] unit
Output signal:	☐ localized reading without transmission of measured value ☐ 0 - 20 mA ☐ 0 - 20 mA - explosion-proof ☐ Hart ☐ Profibus
Electrical contact:	☐ no ☐ yes ☐ explosion-proof
Connection:	☐ screwed gland [G] _____ ☐ flanges [DIN] ☐ flanges [ANSI] DN _____
Lining:	☐ without ☐ PTFE ☐ _____
Material float:	_____ **Material tube:** _____
Heating sheath:	☐ without ☐ with
Quantity devices	_____ piece
Certificate / inspection:	_____

Notes / supplies / specification / documentation / painting / others:

_____

_____

_____

_____

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