

# Team Technical Services

6202 E Broadway Ave • Tampa, FL 33619  
PH: (813) 621-8725 FAX: (813) 621-8588

Customer Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

## Flow Information

Fluid name: \_\_\_\_\_

GAS  Liquid

other \_\_\_\_\_

Flow Rate: Please note with unit of flow  
i.e. L/min, scfh,

Max: \_\_\_\_\_ Normal: \_\_\_\_\_

Requested Scale (Range) \_\_\_\_\_

Operating Temperature: \_\_\_\_\_ C/F

Operating Pressure: \_\_\_\_\_

Operating Back Pressure: \_\_\_\_\_

Specific Gravity/Density: \_\_\_\_\_

Viscosity @ temp \_\_\_\_\_.

cps: \_\_\_\_\_

ctks: \_\_\_\_\_

other: \_\_\_\_\_

Accuracy (%of full scale) \_\_\_\_\_

+/-10% +/-5% +/- 2%

Customer Requirement

Size Connection: \_\_\_\_\_

Connection:

Bottom  Back  Vertical  Horizontal

other: \_\_\_\_\_

Valve:  None  Inlet  Outlet

Scale information:

Direct reading  Percent

\*\*\*\*\*PLEASE CHECK AS MANY  
BOXES AS POSSIBLE\*\*\*\*\*

Any additional information about your  
current flow meter or conditions.

Serial number: \_\_\_\_\_

Part number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

other requirements: Switched, Alarms,  
Certifications, number of meters needed