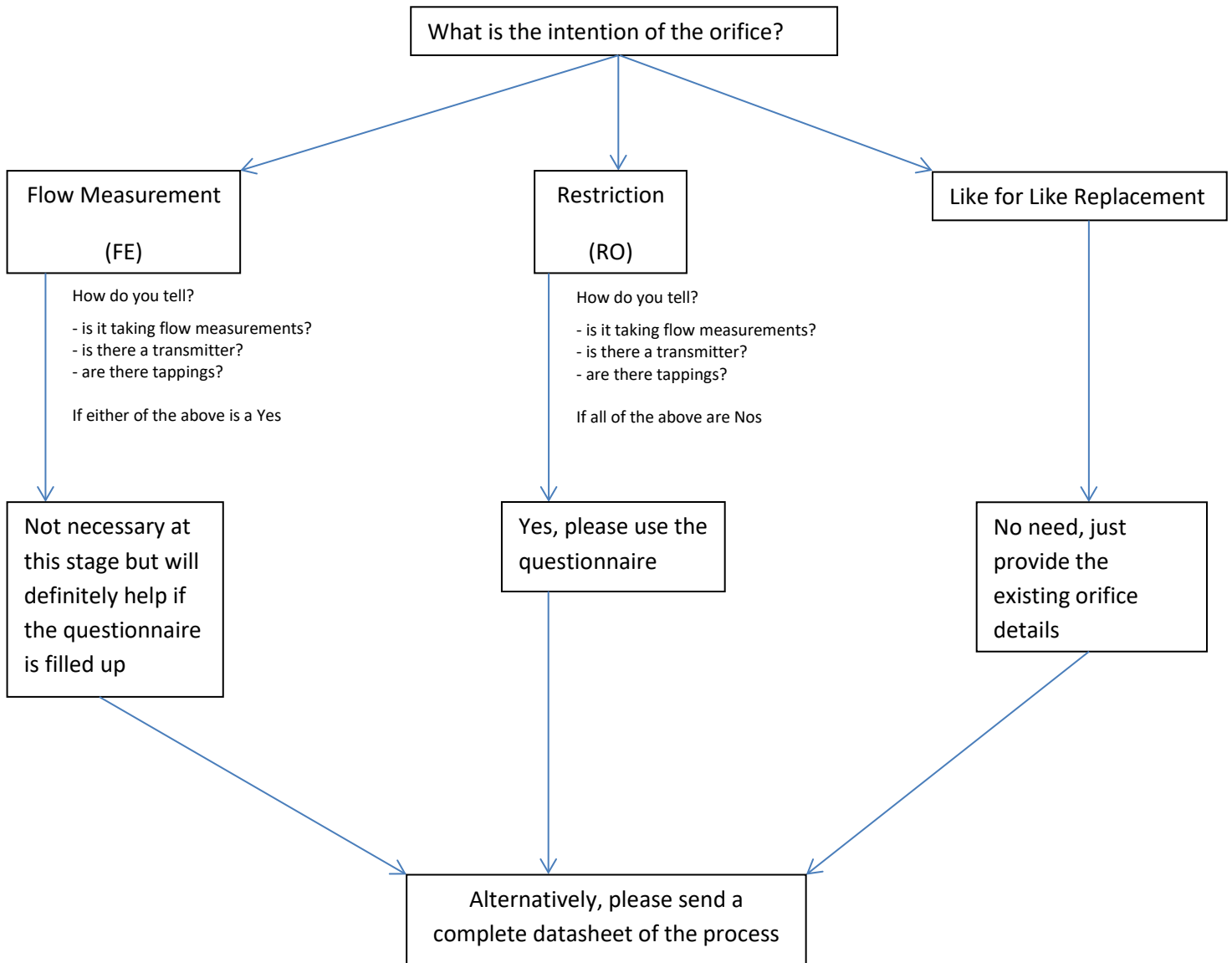


Do You Need to Use this Questionnaire?



Flow Questionnaire

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| General Details | | | |
|--|--|---------------------------------------|--|
| Date | | Rototherm Ref. | |
| Customer Name | | Customer Ref. | |
| Tag Number(s) | | | |
| Piping Details | | | |
| Nominal Line Size | | Schedule / ID / Wall Thk | |
| Material of Construction | | Flange Rating <i>(Note 2)</i> | |
| Orifice Plate Details | | | |
| Element Type <i>(eg: FE or RO)</i> | | Material of Construction | |
| Connection <i>(eg: RF or RTJ)</i> | | | |
| Process Conditions | | | |
| Fluid Name | | Fluid State <i>(gas or liquid)</i> | |
| Operating Pressure | | Operating Temperature | |
| Design Pressure | | Design Temperature | |
| Operating Density | | Operating Viscosity | |
| Molecular Weight <i>(gas only)</i> | | Specific Heat Ratio <i>(gas only)</i> | |
| Compressibility <i>(gas only)</i> | | Vapour Pressure <i>(liquid only)</i> | |
| Flow Rate and Differential Pressure | | | |
| Max Flowrate <i>(if RO)</i> | | | |
| Max DP <i>(if RO)</i> | | | |
| Meter Max Flowrate <i>(if FE)</i> | | | |
| Full Scale DP <i>(if FE)</i> | | | |
| Additional Requirements | | | |
| Noise Restrictions? <i>(eg: 100 dBA max)</i> | | | |
| Cavitation Acceptable? <i>(liquid only)</i> | | | |

Note:

- Not all the boxes may be applicable to the process. For example, water may not have compressibility but gases do. Please fill in as many boxes as possible.
- This assumes the orifice plate is installed by means of flanging. If this is not the case, please advise how the plate will be installed.