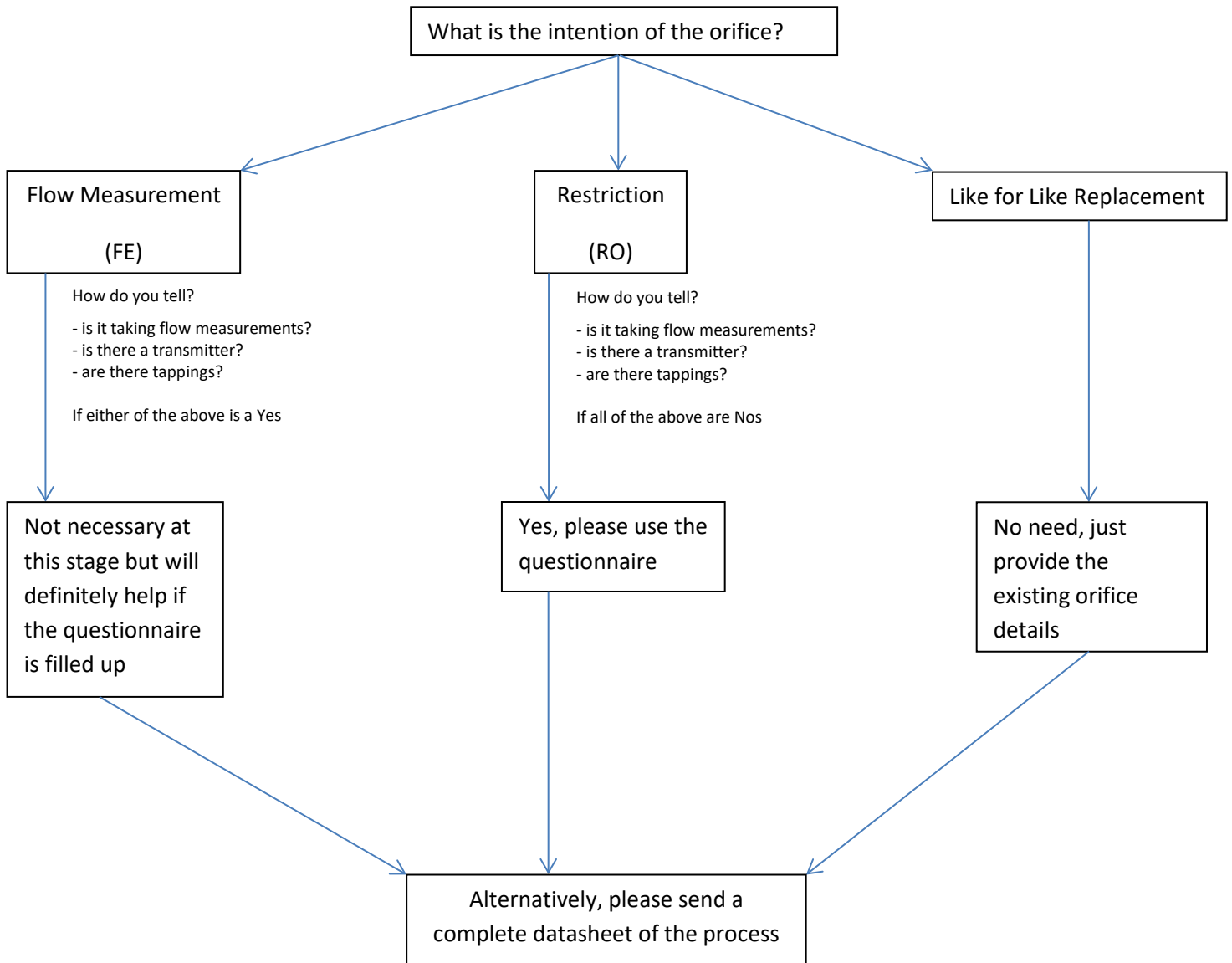


Do You Need to Use this Questionnaire?



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.