

**VersaFlow  
Application Analysis Form**

Date: \_\_\_\_\_  
 Author Name: \_\_\_\_\_  
 Company/Territory: \_\_\_\_\_

**Customer Info:**

Company: _____	Phone: _____
Site name: _____	Fax: _____
Contact: _____	E-mail: _____
Title: _____	

**FLOW APPLICATION INFO:**

Info (Name, Tag, Objective, etc.) : \_\_\_\_\_

**Flow Application Details:**

Fluid to be Measured: \_\_\_\_\_  
 Liquid       Gas (Mixture percentages)       Steam       Saturated       Superheated

Flow rate: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Nominal \_\_\_\_\_  
 GPM       SCFM       Other \_\_\_\_\_

Temperatures: Minimum \_\_\_\_\_ Maximum \_\_\_\_\_ Nominal \_\_\_\_\_  
 °C       °F

Pressures: Min. \_\_\_\_\_ Max. \_\_\_\_\_ Nominal \_\_\_\_\_  
 psi       kPa       Bar       Other: \_\_\_\_\_       gage       abs

Conductivity: \_\_\_\_\_  
 µMhos       Other \_\_\_\_\_      Density: \_\_\_\_\_  
 S.G.       Other \_\_\_\_\_

Viscosity: \_\_\_\_\_  
 cPs       Centistokes       Other \_\_\_\_\_

Flow Conditions:       Continuous Flow       Pulsating Flow      Describe: \_\_\_\_\_

Air/Solids Percentage (%) by Volume: \_\_\_\_\_      Upstream configuration (i.e. elbow, tees, valves, etc.): \_\_\_\_\_

Piping      Straight Runs:      Upstream \_\_\_\_\_ Diameters      Downstream \_\_\_\_\_ Diameters

Flow orientation:       Up       Horizontal       Down       Other: \_\_\_\_\_

End connections:  \_\_\_\_\_ Flange       ANSI       DIN       JIS       Sanitary \_\_\_\_\_  
 Threaded \_\_\_\_\_ inch       NPT       Other: \_\_\_\_\_

Nominal pipe size: \_\_\_\_\_      Schedule: \_\_\_\_\_      Lined Pipe:       Yes \_\_\_\_\_       No

**Product Requirements**

Accuracy requested: \_\_\_\_\_ % of rate      Acceptable wetted materials of construction: \_\_\_\_\_

Power:       24VDC       24VDC Loop Power       120/230VAC       Other: \_\_\_\_\_

Signal Output:  mA       Frequency       Pulse       Other \_\_\_\_\_      Output(s) Range(s): \_\_\_\_\_

Communications Protocol:       None       HART®       Foundation Fieldbus       Profibus       PA       DP       Modbus       Other \_\_\_\_\_

Hazardous area:       No       Yes       FM       CSA       ATEX      Class/Division/Group: \_\_\_\_\_

Sanitary Approval:       None       3A       EHEDG       Other: \_\_\_\_\_

Converter Style:       Compact       Remote       Field       Wall       Rack      Remote cable length required: \_\_\_\_\_  
 feet       meters

Requested Technology:       Electromagnetic       Mass       Ultrasonic       Vortex       VA       Other: \_\_\_\_\_

Application Status:       Operating currently using: \_\_\_\_\_       New Application

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**Sketch (Must be printed and added manually):**