

SITRANS F C Coriolis MASSFLO Flow Meter Application Data Sheet

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Instructions: Navigate through the form using the TAB key or mouse. To select a checkbox, click with mouse or press the SPACEBAR. To select units, click and choose from drop-down menu.

Requestor Information		Customer Information		End-User Information	
Company Name:	_____	Company Name:	_____	Company Name:	_____
Requestor Name:	_____	City:	_____	City:	_____
Phone:	_____	State:	_____	State:	_____
E-mail:	_____	Country:	_____	Country:	_____

Selected Part Number(s) For This Application

Process Information For Process Fluid (Liquid or Gas)

Fluid Name / Description:	_____	Amount of Solids: _____% (If Applicable)	Particle Size: _____ (Unit) (If Known)
Process Temperature Range:	Min: _____	Operating: _____	Max: _____ <input type="checkbox"/> °F <input type="checkbox"/> °C
Pressure @ zero flow:	_____ <input type="checkbox"/> PSIG <input type="checkbox"/> BAR	Pressure @ operating flow:	_____ <input type="checkbox"/> PSIG <input type="checkbox"/> BAR
Density of Fluid in Weight (mass) Unit of Measure: (e.g. 230 Kg/m3, 19.5 Lbs/gallon, 0.89 SG, etc)		_____ per _____	
Viscosity of Fluid:	_____ cP OR cSt (circle one)	Fluid pH:	_____ (If Known)

Process Application

Tag #:	_____	Flow Rate Unit:	_____	Flow Rate Time Unit, per:	<input type="checkbox"/> Second <input type="checkbox"/> Minute <input type="checkbox"/> Hour <input type="checkbox"/> Day
Flow Rate Amount:	Minimum: _____	Nominal: _____	Maximum: _____		
The Flow Is:	<input type="checkbox"/> Single Direction <input type="checkbox"/> Bi-Directional <input type="checkbox"/> Continuous <input type="checkbox"/> Pulsing				
If Pulsing, Describe On/Off Times or Batch Size:					
Time on:	_____	Time off:	_____	Batch Size:	_____

Installation

Pipe Material / Schedule:	_____
Nominal Process Pipe Diameter:	_____ <input type="checkbox"/> in <input type="checkbox"/> mm
Connection:	<input type="checkbox"/> Flanged <input type="checkbox"/> NPT <input type="checkbox"/> Hygenic (TriClamp or TriClover)
Size Desired:	_____

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Sensor Location

Flow Sensor Located:	<input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors	Hazardous Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Area and Agency Rating:	<input type="checkbox"/> General Purpose <input type="checkbox"/> FM/CSA:	Class: _____ Div: _____ Protection Group: _____	Other: _____
Sensor Location With Respect To Transmitter:	<input type="checkbox"/> Integral <input type="checkbox"/> Remotely Mounted; Distance: _____		
Pipe Orientation:	<input type="checkbox"/> Horizontal <input type="checkbox"/> Vertical <input type="checkbox"/> Inclined	Full Pipe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Intermittent
Direction Of Flow For Vertical / Inclined:	<input type="checkbox"/> Up <input type="checkbox"/> Down		

Sensor Data

Calibration Required:	<input type="checkbox"/> Factory Standard <input type="checkbox"/> Special Density <input type="checkbox"/> Brix <input type="checkbox"/> Fraction _____ % _____ (A) in _____ % _____ (B)
Sensor Material:	<input type="checkbox"/> 316 Stainless Steel <input type="checkbox"/> Hastelloy C
Length Required From Transmitter To Flow Sensor:	_____ <input type="checkbox"/> Ft <input type="checkbox"/> Meters

Transmitter

Will flow transmitter be in a hazardous area?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Power:	<input type="checkbox"/> 18-30 VDC / 20-30 VAC <input type="checkbox"/> 87-253 VAC
Area and Agency Rating:	<input type="checkbox"/> General Purpose <input type="checkbox"/> FM/CSA: Class _____ Div. _____ Protection Group: _____ Other: _____		
Temperature @ Flow Transmitter:	Min: _____ Typ: _____ Max: _____ <input type="checkbox"/> °F <input type="checkbox"/> °C		
<input type="checkbox"/> NEMA 4X (IP67) <input type="checkbox"/> Rack-Mounted (NEMA 2 / 4X)	<input type="checkbox"/> DIN Rail Mounted, FC070 <input type="checkbox"/> FC070 Ex Version		
Outputs required:	Communications:		
<input type="checkbox"/> Current / Analog 4-20 mA	<input type="checkbox"/> Digital Pulse	<input type="checkbox"/> Modbus	<input type="checkbox"/> HART <input type="checkbox"/> Foundation Fieldbus
<input type="checkbox"/> Relay (Low power)	<input type="checkbox"/> Digital Frequency	<input type="checkbox"/> Profibus DP	<input type="checkbox"/> Profibus PA <input type="checkbox"/> DeviceNet

Calibration Accuracy

Accuracy Required:	+/- <input type="checkbox"/> 0.1% <input type="checkbox"/> Other : _____ (specify)
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Disclaimer

The information contained in this data sheet is believed to be accurate however we do not assume any responsibility for errors or any liability arising from the application or use of any product herein. This data sheet neither states nor implies warranty of any kind, including fitness for any particular application.

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Insert a photo or a sketch of the application if available. Simply copy and paste into this table. Bitmaps should be no larger than 640 X 480

