Flowmeter Specification confirmation

	Month Day Date: / /	Year /		
Company name				
Person in charge				
Company address				
Telephone number				
End-user				
Operating conditions				
Object				
Particle size(µm)	μm~ μm(Regular: μm)			
Apparent specific gravity				
Ingredients change	\square NO \square YES (Please fill in the details:)		
Moisture change	\square NO \square YES (Please write the moisture change rate:	%)		
Sticky lees	\square NO \square YES (Does the lees grow ? \square YES \square NO)		
Flow range(t/h,kg/m,g/s)	\sim (Regular:)		
Required accuracy	%			
Object temperature	င			
Installation location	\square Feeder or conveyor-outlet \square Other (
Ambient temperature	°			
Operating hours/day	□ 24hours □ Other (
Alarm contact(Upper or lower limit)	□ Necessary □ Unnecessary			
Purpose	☐ Monitoring ☐ Control			
Explosion-proof or non	☐ Explosion-proof ☐ Non-explosion-proof			
Installation situation	□ Outdoor □ Indoor □ Clean room			
Input power supply	□ AC100V □ Other ()		
Remarks (Simple illustrations etc.)				

*If you would like us to measure your sample, please let us know if the sample is toxic and how to dispose of the sample.

	技術	営業