Honeywell

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

Please fax or email to: Honeywell, Inc. 512 Virginia Drive – Fort Washington, PA. 19034
Tel: 800-423-9883 Fax: 215-641-3400 Email: imc-tac-support@honeywell.com
www.Honeywell.com

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Sketch (Must be printed and added manually):

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