



Complete and Return by Fax to 504-831-4664

### ROTAMETER SIZING / SELECTION GUIDE

**CUSTOMER**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-mail: \_\_\_\_\_

**CUSTOMER REQUIREMENTS**

Fluid Name: \_\_\_\_\_

Gas: \_\_\_\_\_  
Liquid: \_\_\_\_\_

**Flow Rate:**

Normal: \_\_\_\_\_  
Maximum: \_\_\_\_\_

Operating Temperature: \_\_\_\_\_

Operating Pressure: \_\_\_\_\_

Specific Gravity/ Density: \_\_\_\_\_

**Viscosity @ Temp.**

cps: \_\_\_\_\_  
ctks: \_\_\_\_\_  
other: \_\_\_\_\_

Accuracy (% of Full Scale) \_\_\_\_\_  
+/- 10% +/- 5% +/- 2% Special

**Other Function Requirements:**

Indicate: \_\_\_\_\_  
Alarm: \_\_\_\_\_  
Transmit: \_\_\_\_\_  
Other: \_\_\_\_\_

**Mounting**

In-line or Rear of Panel: \_\_\_\_\_

**CUSTOMER REQUIREMENTS CONTINUED**

**Size**

Line Size: \_\_\_\_\_  
Connection Type: \_\_\_\_\_

**Materials of Construction:**

Tube Material: \_\_\_\_\_  
Fitting Material: \_\_\_\_\_  
O-ring/Packing Material: \_\_\_\_\_

**Connection Orientation:**

Vertical: \_\_\_\_\_  
Horizontal: \_\_\_\_\_

**Valve:**

None: \_\_\_\_\_  
Inlet: \_\_\_\_\_  
Outlet: \_\_\_\_\_

**Scale Information:**

Direct Reading or Percent \_\_\_\_\_

**Alarms:**

Single: \_\_\_\_\_  
Dual: \_\_\_\_\_  
SPDT or DPDT: \_\_\_\_\_  
110Vac, 220Vac or 24Vdc: \_\_\_\_\_

**Certifications:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Options/Extras:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of meters: \_\_\_\_\_

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