

QUESTIONNAIRE FOR LACT / ACT METERING SKID

Customer Name:		Date:	
Address:		Project Name/number:	
Ship to address:			
<u>Flow/Application Conditions:</u>		<u>Electrical:</u>	
Product:		Class 1 Div 1 <input type="checkbox"/> Class 1 Div 2 <input type="checkbox"/> Unclassified <input type="checkbox"/>	
Product Gravity:		Required Nema Rating of J-Boxes (Circle One):	
Viscosity:		Nema 3 Nema 4 Nema 4X Nema7 Other:	
Flow Rate: Min: Normal: Max:		<u>Control Panel:</u>	
Temperature: Min: Normal: Max:		MeterCheck to Provide Control or Starter Panel: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Pressure: Min: Normal: Max:		PLC <input type="checkbox"/> Relay Logic <input type="checkbox"/>	
Line Size: Incoming: Outgoing:		Load/Unload Preset: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Application Type: Loading <input type="checkbox"/> Unloading <input type="checkbox"/> Pipeline <input type="checkbox"/>		Panel location on skid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other:		Using Flow Computer: Yes <input type="checkbox"/> No <input type="checkbox"/> Supplied by: _____	
		<u>Temperature and Pressure Measurements:</u>	
		Pressure: Gauge <input type="checkbox"/> Transmitter <input type="checkbox"/> None <input type="checkbox"/>	
		Where is 4-20 mA Signal Going:	
		Temperature: RTD <input type="checkbox"/> Transmitter <input type="checkbox"/> None <input type="checkbox"/>	
		Where is 4-20 mA Signal Going:	
<u>Features:</u>			
<u>Charge Pump/Motor</u>		<u>Type of Meter</u>	
Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		PD <input type="checkbox"/> Coriolis <input type="checkbox"/> Turbine <input type="checkbox"/> Other:	
Explosion Proof: Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Strainer</u>	
Requested Pump Discharge Pressure:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Requested Pump Flow Rate:		Notes:	
Requested Skid Discharge Pressure:		<u>Check Valve</u>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Notes:	
<u>BS &W</u>		<u>Air Eliminator</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Notes:	
<u>Inline Static Mixer</u>		<u>Back Pressure Valve</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Notes:	
<u>Divert Valve</u>		<u>Sample System</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/> Notes:		Isokenetic (Clif Mock): Yes <input type="checkbox"/> No <input type="checkbox"/>	
Back Pressure Valve on Divert Line: Yes <input type="checkbox"/> No <input type="checkbox"/>		Insertion Probe/ Volume Regulator/ 3-Way Solenoid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Check Valve on Divert Line: Yes <input type="checkbox"/> No <input type="checkbox"/>		Sample Pot Size: 15 gal <input type="checkbox"/> 20 gal <input type="checkbox"/> 30 gal <input type="checkbox"/>	
<u>Temperature Averager</u>		Number of Sample Pots:	
Yes <input type="checkbox"/> No <input type="checkbox"/>		<u>Portable Prover Connections:</u> Yes <input type="checkbox"/> No <input type="checkbox"/> Size:	
<u>Additional Details:</u>			
<u>Paint</u>		<u>Skid Decking</u>	
Specifications(BLM land, etc):		None <input type="checkbox"/> Grating <input type="checkbox"/> Environmental Floor <input type="checkbox"/>	
Paint Color of Choice With Urethane Finish:			
<u>Additional Information:</u>			

Please email this form to the MCMS contact you received it from

