



ROTAMETER SIZING / SELECTION GUIDE

Complete and Return to: sales@teco-inc.com
or by Fax to 504-831-4664

CUSTOMER

Company: _____
Address: _____
Contact: _____
Phone: _____
FAX: _____
E-mail: _____

CUSTOMER REQUIREMENTS

Fluid Name: _____
 Gas or 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 or 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: _____