VersaFlow Mag Meter
Application Analysis Form

Please complete this form as much as possible. Fax or e-mail it to Honeywell or our local representative in your area. We will be happy to offer the instrument that is best suited for your application. Move to the next field using the mouse. When done, save the document under a new file name using “Save as” under File menu.

Company ________________________________
Address ________________________________
City __________________ State _______ Zip _______
Contact Name __________________________________________
Title _______________________________________________________
Tel. No. for Technical Questions ( ) ________________________
Signature __________________ Date / / 

Reviewed by ___________ / / 
Approved by ___________ / / 

1. Liquid Data:
Name: _______________________________________
Description: ___________________________________
% Concentration (If Applicable) ____________________
Viscosity: ____________Min. ____________ Max.
Units: ___________ (Cps, Cst, etc.)
Conductivity: ___ (5uMho min, 20uMho min. for water)

Does Fluid Contain Solids? ☐ Y or ☐ N
If Yes, Particle Size/Type/Desc.: __________________
% Solids: _________ (approx.)

Does Fluid Contain Gas or Entrained Air? ☐ Y or ☐ N
If Yes, % Gas ____________ (approx.)

Does Fluid Contain Magnetite? ☐ Y ____% or ☐ N

2. Operating Conditions:
Flow Rate
Gal/min (Min.) __________ % Rate
Gal/min (Typ.) __________ % Rate
Gal/min (Max.) __________ % Rate

Accuracy Req.

Is Flow ☐ Continuous or ☐ Pulsing / Batch
Describe Pulse Timing, Pump Type, or Batch Size:

__________________________________________________
__________________________________________________
__________________________________________________

Please Complete Both Pages

3. Piping:
Size: __________________
Schedule: __________
Material: __________
Pipe Liner Material (if applicable): __________________________

Liner:
☐ PFA ☐ Neoprene ☐ FEP ☐ Ceramic
☐ Hd.Rubber ☐ Polyurethane ☐ PTFE
☐ Other: __________________________

Electrode:
☐ HastelloyC ☐ 316 SS ☐ Tantalum
☐ Titanium ☐ Zirconium
☐ Other: __________________________

Electrode Cleaning:
☐ None ☐ WE/Removable ☐ Ultrasonic
☐ RE/Scraper

Connections:
☐ PN6 ☐ PN10 ☐ PN16 ☐ PN25 ☐ PN40
☐ ANSI 150# ☐ ANSI 300# ☐ AWWA CL.B, CL.D
☐ Sanitary ☐ Wafer ☐ Other: __________________________

Grounding Rings:
☐ None ☐ #1 ☐ #2 ☐ #3
Material: __________________

4. Temperature / Pressure (at meter site):
Operating Fluid Temperature:
___ Min ___ Norm ___ Max ☐ °F ☐ °C
Ambient Temperature:
___ Min ___ Norm ___ Max ☐ °F ☐ °C
Operating Pressure:
___ Min ___ Norm ___ Max _____ Unit

5. Describe your flow measurement problem and what it is you wish to accomplish:

__________________________________________________
__________________________________________________
__________________________________________________

(Please include a sketch showing the proposed installation including fluid flow direction.)
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6. Equipment Specifications:
Signal Converter: Remote _____ Integral _____
If Remote, distance from sensors to converter ___ ft.
Display: ☐ Y or ☐ N?

Supply voltage:
120 VAC, 60 Hz. ___ 220 VDC___ 24 VDC ___
Other, Describe: ________________________________

Measuring Functions Desired: Range Units
Standard
____ Volumetric Flow Rate _______________ _____
____ Totalized Volume _______________ _____

Optional
Other (Describe): ________________________________

Communication: HARTSmart: ______

7. Output Requirements:
4 - 20 ma Output:
Measured Parameter: __________ Range____________

Frequency Output:
Measured Parameter: __________ Range____________

Computer Interface RS-485:
Status Relay: ________________________________

8. Location:
Straight Run: _____ Pipe Diameters Upstream
Pipe Diameters Downstream

Describe Upstream Conditions:
(i.e. Centrifugal Pump, chemical injection, tank, etc.)
______________________________________________
______________________________________________
______________________________________________

Describe Downstream Conditions:
______________________________________________
______________________________________________
______________________________________________

Full Pipe? ☐ Yes ☐ No ☐ Sometimes

Pipe Orientation:
☐ Horizontal ☐ Vertical ☐ Inclined
If Vertical or Inclined, is flow direction: ☐ Up ☐ Down

Will the Primary be located in a Hazardous Area?
☐ Y or ☐ N
If Yes, Specify: ________Div 1 or ________Div 2
Groups: _____________________

9. Sketch Proposed Flowmeter Installation Include Adjacent
Equipment (Pumps, Valves, Etc.), Orientation, and Fluid
Flow Direction.