

Flow meter testing service request (Canadian customers)



Company name		Address		Date (Yr/Mth/Day)
Main contact name	Fax	Telephone number	E-mail address	
Shipping contact name (<input type="checkbox"/> check if same as main contact)	Fax	Telephone number	E-mail address	
Billing address		City	Province	Postal code
Meter owner company name and address (<input type="checkbox"/> check if same as billing address)		City	Province	Postal code
Ship to address when meters completed (<input type="checkbox"/> check if same as billing address)		City	Province	Postal code

Meter specifications		Service/test conditions (check all that apply)				
Meter badge number (<input type="checkbox"/> check if same as serial number)		Type		Pressure or Flow Rates %		
Meter make, model, & size		<input type="checkbox"/> 10 Point High Pressure (Reynolds Number)	<input type="checkbox"/> Pressure (test at maximum pressure) OR	<input type="checkbox"/> Flow (test at maximum flow)		
Number of meters (for multiple meters/ types use additional quote form)	Serial number	<input type="checkbox"/> 5 Point High Pressure (Reynolds Number standard)	<input type="checkbox"/> Pressure (test at maximum pressure) OR	<input type="checkbox"/> Flow (test at maximum flow)		
Meter run provided with meter		<input type="checkbox"/> 2 Point Atmospheric	N/A	20%	N/A	95%
<input type="checkbox"/> No <input type="checkbox"/> Yes (provide sketch)		<input type="checkbox"/> Other (specify)				

In-test (additional cost)	Field operating conditions	Units		Max.	Min.
A test completed prior to repair and calibration to establish the performance of the meter in its current condition (Note: no "X" indicates not required)	Flow	<input type="checkbox"/> ACFH	<input type="checkbox"/> M ³ /hr		
<input type="checkbox"/> Yes, 5 points at 95%, 75%, 50%, 20%, 10% +/- 5%	Pressure	<input type="checkbox"/> PSIG	<input type="checkbox"/> kPa		
<input type="checkbox"/> Yes, 2 points at 95% and 20% +/- 5%	Temperature	<input type="checkbox"/> °F	<input type="checkbox"/> °C		
<input type="checkbox"/> Yes, provide points: _____					
Type of in-test required					
<input type="checkbox"/> Atmospheric in-test <input type="checkbox"/> High Pressure in-test					

Order/repair requirements	Gas composition	Mole %
Seal meters (for custody transfer meters)	Methane (CH ₄)	
<input type="checkbox"/> Yes, provide Measurement Canada Company Registration number: _____	Ethane (C ₂ H ₆)	
<input type="checkbox"/> No, meter for informational purposes only	Propane (C ₃ H ₈)	
Paint meters (grey only)	Butane (C ₄ H ₁₀)	
<input type="checkbox"/> Yes, no additional cost <input type="checkbox"/> No	Carbon Dioxide (CO ₂)	
Repair details	Nitrogen (N ₂)	
<input type="checkbox"/> New meter, no repairs needed.	Other fluid (provide name)	
<input type="checkbox"/> In service meter, repairs required.		
<input type="checkbox"/> In service meter, no repairs required (explain below)		

If applicable, add any details regarding repairs:

Additional information (please use separate sheet if needed)

All quotations will be returned by e-mail	Turnaround <input type="checkbox"/> 4 - 6 weeks <input type="checkbox"/> 5 days (additional cost)	Required date (Yr/Mth/Day)
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Shipping requirements	
Preferred shipping company (name/phone number)	Carrier account number (If applicable)