Turbine meter testing service request (non-Canadian customers)



| Company name | | Address | | | | | | | Date (YYYY/MM/DD) | | |
|--|---|-----------------------------------|--|---|---------------|--------------------------------|---|---------|---|-------------|--|
| Main contact name | | | Telephone number | | | E-mail address | | | | | |
| Shipping contact name (check if same as main contact) | | | Telephone number | | | E-mail address | | | | | |
| Billing address | | | City | | | State/country | | | Zip code | | |
| Ship from address (check if same as billing address) | | | City | | | State/country | | | Zip code | | |
| Ship to address when meters completed (check if same as billing address) | | | | City | | | State/country | | | Zip code | |
| Company name and address to appear on Calibration Certificate | | | | City | | | State/country | | | Zip code | |
| Meter specifications | | | | Service/test conditions (check a | | | all that apply) | | | | |
| Meter badge number (check | Serial number | | | | | Pressure or Flow Rates % | | | | | |
| Meter make, model, & size | | | | 10 Point High Pressure (Reynolds Number) | | | Pressure (test at maximum pressure) OR Flow (test at maximum flow) | | | | |
| Number of meters (for multiple meters/types use additional quote form) | | | | 8 Point High Pressure (Reynolds Number) | | | Pressure (test at maximum pressure) OR Flow (test at maximum flow) | | | | |
| Meter run provided with meter | | | | 5 Point High Pressure (Reynolds Number standard) | | | Pressure (test at maximum pressure) OR Flow (test at maximum flow) | | | | |
| In-test (additional cost) A test completed prior to repair and calibration to establish the performance | | | 5 Point High Pressure (Reynolds Number Standard) at 2 Pressures | | | Pressure 1 Pressure 2 | | | | | |
| of the meter in its current condition. (Note: no "x" indicates not required) | | | 🗌 5 Po | int Atmospheri | с | 10% | 20% | 50% | 75% | 95% | |
| Yes, 5 points at 10%, 20%, 50%, 75%, 95% +/- 5% | | | | r (specify): | | | | | | | |
| ☐ Yes, 3 points at 20%, 50%, 95% +/- 5% | | | | | | Un | its | | | | |
| Yes, provide points: Type of <u>in-test</u> required | | | | Field operating conditions | | | | Max. | Min. | | |
| | | | | Flow | | | M³/hr | | | | |
| Paint meters (grey only) | | | | Pressure | | | kPa | | | | |
| Yes No (no additional cost) | | | | Temperature | | | °C | | | | |
| Meter type | | | | Gas composition | | | Mole % | | | | |
| 302 assembly only | 502 module only | Complete meter - module & body | Methane (CH ₄) | | | | | | If natural gas composition is not given, a NG composition at a molecular weight of 16.77 will be used to derive | | |
| (not best Measurement practice, extra cost will apply) | | | Ethane (C ₂ H ₆) | | | | | | | | |
| o | | | Propane (C ₃ H ₈) | | | | | | | | |
| | | | Butane (C ₄ H ₁₀) | | | | | | | | |
| | | | Carbon Dioxide (CO ₂) | | | | | | | | |
| and a | | | Nitrogen (N ₂) | | | | | | missing | properties. | |
| | | | Other fluid (provide name): | | | | | | | | |
| Repair details (All quotatio | | | | | | | | | | | |
| All quotations, invoices and certificates will be returned by email. | | | | Required date | If applicable | e, add an | v details r | egardin | a repairs (u | se | |
| In service meter, repairs required | | 6 - 8 weeks | | | | eet if needed): | | | | | |
| In service meter, no repairs required (explain below) 5 days (additional | | | | | | | | | | | |
| Shipping requirements All pick-up and delivery of meter are additional. | ers will be coordinated b | y FortisBC. Freight, pa | arts and c | ustoms fees | Date meter wi | ill be read | ly for pick | up by c | arrier (YYYY | /MM/DD) | |
| The following information is | required by Customs. | | | | | | | | | | |
| Type of container used | Quantity of boxes on pallet Quantity of pallets | | | | | | | | | | |
| Other, specify: | Country of origin (where meter manufactured) | | | | | Total weight of shipment (lbs) | | | | | |
| Fair market value (if meter were sold, at what cost) provide cost for each meter, not total IRS number (Internal Revenue Service tax number) \$ CAD USD | | | | | | | | | | | |
| To submit your request, or if you have any questions, please contact: To submit your request, or if you have any questions, please contact: Toll Free: 1-800-667-4338 Web: <u>fortisbc.com/measurement</u> E-mail: <u>measurement@fortisbc.com</u> | | | | | | | | | | | |

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