

Calibration Enquiry Form

Customer:			
Address:			
Your Reference No.:			
Contact Person:	First name:		
	Last name:		
E-mail:		Phone:	
Issued By:		Date of Issuing :	

Calibration Details

Calibration Standard Reference		
Calibration Range	ReD Max.	ReD Min.
	Red Max.	Red Min.
Calibration Test Points (10 points is standard)		
No. of Test per Point		
Pressure Taps Couples to be Calibrated / Size		
Required Date of Calibration (Calendar week No.)		
Required Uncertainty of Calibration		
Witness during calibration		

Meter Details

Sizing Standard Reference	
Metering Type (ISA nozzle, Venturi, ASME PTC-6 ...)	
TAG No./ Serial No.	
Nominal Diameter	
Process Connections	
Inside Pipe Diameter at 20° C	
Throat Diameter at 20° C	
Over-all Length	
Assembly Drawing Reference No.	

Standard Documentation will be supplied :	
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Please attach to the Calibration Enquiry other supported information as a special requests which are not mentioned in the form and a preliminary assembly drawing, flow calculation, etc... if these are available