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SITRANS F M MAGFLO Flow Meter Application Data Sheet Email To: piabusales.industry@siemens.com Instructions: Navigate through the form using the TAB key or mouse. To select a checkbox, click with mouse or press the SPACEBAR. To select units, click and choose from drop-down menu. Requestor Information Customer Information End-User Information Company Company Company Name: Name: Name: City: Requestor City: Name: Phone: State: State: E-mail: Country: Country: Selected Part Number(s) For This Application Process Information (Electrically Conductive Liquid) Liquid Name / Amount of Solids: Particle Size: Description: ___ (If Known) (Unit) or Gas: (If Applicable) Temperature __ Max: _ □°F □°C Range: Min: _____ Operating: ____ Pressure @ zero flow: _____ ☐ PSIG ☐ Bar │ Pressure @ operating flow: _____ ☐ PSIG ☐ Bar Abrasive State of Fluid: Not abrasive Slightly abrasive slurry Highly abrasive slurry Corrosive State of Fluid: Not corrosive Moderate High рН (If Known) Process Application Flow Rate Unit: Gallons or Other: Flow Rate Time Unit, per: Second Minute Day Flow Rate Amount: Minimum: _____ Nominal: ____ Maximum: ____ The Flow Is: ☐ Single Direction ☐ Bi-Directional ☐ Continuous ☐ Pulsing If Pulsing, Describe On/Off Times or Batch Size: Time on:_____ Time off:___ Batch Size: Installation Pipe Material / Schedule: _____ Process Pipe Diameter: _____ in mm Grounding Rings Required? None One Two Compatible Material: ______

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Insert a photo or a sketch of the application if available. Simply copy and paste into this table. Bitmaps should be no larger than 640 X 480								
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