



Pocket-UFM Application Questionnaire

Customer Information

* Required

Contact Name*	<input type="text" value="-"/>		
Company*	<input type="text" value="-"/>		
Address	<input type="text" value="-"/> <input type="text" value="-"/>		
	Postcode	<input type="text" value="-"/>	
Country	<input type="text" value="-"/>		
E-mail*	<input type="text" value="-"/>		
Telephone*	<input type="text" value="-"/>		

Pipe Parameters

Pipe material*	<input type="text" value="-"/>
Wall thickness*	<input type="text" value="-"/>
Outer diameter*	<input type="text" value="-"/>
Liner material*	<input type="text" value="-"/>
Liner thickness*	<input type="text" value="-"/>

Liquid Parameters

Fluid*	<input type="text" value="-"/>	
Density	<input type="text" value="-"/>	
Viscosity	<input type="text" value="-"/>	
Contaminants	<input type="text" value="-"/> %Gas	<input type="text" value="-"/> %Solids

Process Parameters

Pipe Temperature*	<input type="text" value="-"/> Max	<input type="text" value="-"/> Min
Ambient Temperature*	<input type="text" value="-"/> Max	<input type="text" value="-"/> Min

Upstream straight pipe length*

Downstream straight pipe length*

Additional Information

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