Application Checklist

DW-AC-8526F6EDD49752B6 / 2026-10-29

Complete and save a copy of this PDF. * marks required fields. Choose Unknown / to confirm when unsure. This form supports engineering review and does not certify product suitability.

01 Product and request

Product name *

Insertion Ultrasonic Flow Meter

Product model *

FTUM

Checklist category

Flow measurement

02 Medium and process conditions

Project / tag reference

Quantity (whole number or to confirm) *

Medium / material name *

Medium state *

Select

Process pressure

Minimum	Normal *	Maximum	Unit *
			Select

Pressure reference *

Select

Process temperature

Minimum	Normal *	Maximum	Unit *
			Select

03 Measurement task and key inputs

Required flow range

Minimum	Normal *	Maximum	Unit *
			Select

Flow basis *

Select

Pipe size / internal diameter and unit *

Density and unit (if known)

Viscosity and unit (if known)

03 Measurement task and key inputs (continued)

Standard / reference conditions

04 Installation and interfaces

Process connection

Select

Output / communication

Select

Power supply and unit

Installation environment

Select

Ambient temperature

Minimum

Normal

Maximum

Unit

Select

Hazardous-area / protection requirement

Select

Accuracy / repeatability and unit

05 Contact and items to confirm

Company / organisation

Contact name *

Email / telephone *

Requested delivery / timing

Information review status *

Select

Additional conditions, certification, attachments and open items