



**LESMAN**  
 Instrument Company  
 www.lesman.com

Chicagoland Office  
 Phone: 800-953-7626  
 Fax: 630-595-2386

Milwaukee Area Office  
 Phone: 800-837-1700  
 Fax: 262-923-1797

E-mail: sales@lesman.com

Contact: \_\_\_\_\_ Ext. \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

This is a:  Request for Quote  Order: PO# \_\_\_\_\_

Quantity Needed: \_\_\_\_\_ Date Required: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shipping Method: \_\_\_\_\_ Partial Accepted:  Yes  No

## Pitot Tube/Orifice Plates Application Datasheet

**Instrument Type:**  Averaging Pitot Tube  Orifice Plate

### General Information

1	Application		
2	Desired Pressure Drop	2a	Tag or Identification No.
3	Pipe I.D. & O.D. or Pipe Size & Schedule ( <b>Specify Units</b> )		
4	Pipe Material	4a	Pipe Orientation: <input type="checkbox"/> Vertical <input type="checkbox"/> Horizontal <input type="checkbox"/> Other
5	Process Fluid		

### Liquid

		Units	Minimum	Normal	Maximum
6	Pressure ( <b>Specify Units</b> )	<input type="checkbox"/> Gauge <input type="checkbox"/> Absolute			
7	Temperature ( <b>Specify Units</b> )	<input type="checkbox"/> °F <input type="checkbox"/> °C			
8	Flow Rate ( <b>Specify Units</b> )	<input type="checkbox"/> GPM <input type="checkbox"/> GPH			
9	Specific Gravity or Specific Weight @ Flow Conditions ( <b>Specify Units</b> )				
10	Absolute Viscosity =				

### Gas

		Units	Minimum	Normal	Maximum
6	Pressure ( <b>Specify Units</b> )	<input type="checkbox"/> Gauge <input type="checkbox"/> Absolute			
7	Temperature ( <b>Specify Units</b> )	<input type="checkbox"/> °F <input type="checkbox"/> °C			
8	Flow Rate ( <b>Specify Units</b> )	<input type="checkbox"/> GPM <input type="checkbox"/> GPH			
9	Specific Gravity or Specific Weight @ Flow Conditions ( <b>Specify Units</b> )				
10	Absolute Viscosity =				
14	Ratio of Specific Heats - $k(c_2/c_1) =$				

### Steam

		Units	Minimum	Normal	Maximum
6	Pressure ( <b>Specify Units</b> )	<input type="checkbox"/> Gauge <input type="checkbox"/> Absolute			
7	Temperature ( <b>Specify Units</b> )	<input type="checkbox"/> °F <input type="checkbox"/> °C			
8	Flow Rate ( <b>Specify Units</b> )	<input type="checkbox"/> GPM <input type="checkbox"/> GPH			
9	Specific Gravity or Specific Weight @ Flow Conditions ( <b>Specify Units</b> )				
10	Absolute Viscosity =				
11	Degrees Superheat				
12	Moisture or Liquid Content	%			
13	Saturated	<input type="checkbox"/> Yes <input type="checkbox"/> No			