

# Field Measurement Sheet

# PRODIMAX

Company:

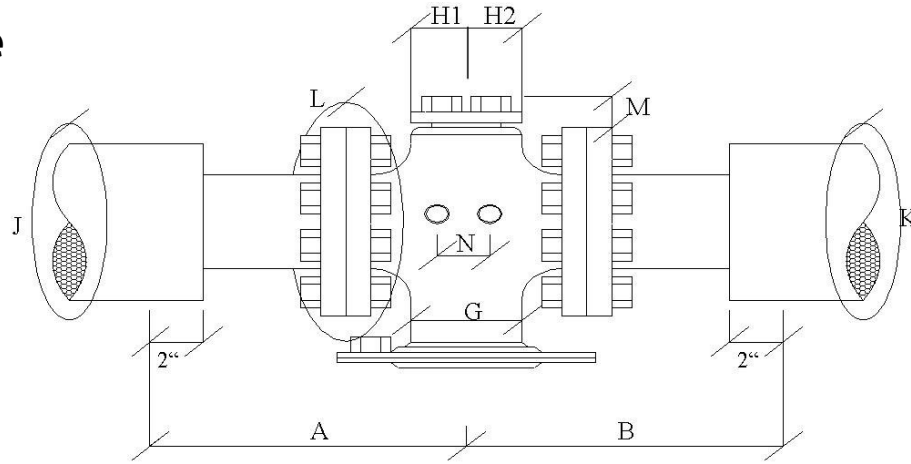
Contact:

Title:

Phone:

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## Flange Pressure Regulator



A - Center of Regulator to Left Overlapping Insulation 2"	<input type="text"/>
B - Center of Regulator to Right Overlapping Insulation 2"	<input type="text"/>
G - Circumference as shown	<input type="text"/>
H1 - Center of Regulator to Left Side of Bonnet	<input type="text"/>
H2 - Center of Regulator to Right Side of Bonnet	<input type="text"/>
J - Circumference of Insulation on Left Side	<input type="text"/>
K - Circumference of Insulation on Right Side	<input type="text"/>
L - Circumference of Flange	<input type="text"/>
M - Height from Top of Flange to Top of Bonnet Stud Bolts	<input type="text"/>
N - Center Line to Center Line of Tubing	<input type="text"/>

Tag:	Temp (°F)	Pipe Size (in.)				Lb. Rating
<input type="text"/>	<input type="checkbox"/> 0-450	<input type="checkbox"/> 0.5	<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 16	<input type="checkbox"/> 150
	<input type="checkbox"/> 451-650	<input type="checkbox"/> 0.75	<input type="checkbox"/> 2.5	<input type="checkbox"/> 8	<input type="checkbox"/> 18	<input type="checkbox"/> 300
	<input type="checkbox"/> 651-800	<input type="checkbox"/> 1	<input type="checkbox"/> 3	<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 600
	<input type="checkbox"/> 801-1000	<input type="checkbox"/> 1.25	<input type="checkbox"/> 4	<input type="checkbox"/> 12	<input type="checkbox"/> 24	<input type="checkbox"/> 900
	<input type="checkbox"/> 1001-1100	<input type="checkbox"/> 1.5	<input type="checkbox"/> 5	<input type="checkbox"/> 14		<input type="checkbox"/> 1500

Filled By:  Date: