



Fixed Inductor Calibration Sheet

(NB: All below information boxes **MUST** be completed.)

Your Order No:		Customer :	
Angus Order No:		← (Angus to complete once order placed on system)	

Customer Specifications

Inductor Body Size:	ä	mm	
Required Flow Rate:		Litres per min	
At Inlet Pressure:		bar. g	
Foam – brand name (if known):	*		
Foam Induction Rate:		%	
NRV fitted (Non Return Valve) (Mark with an 'X' which you require)	YES	NO	
Please confirm which NRV you require: (Mark with an 'X' which you require)	ä	NORVAL	ANGUS
Required Foam Suction Lift: Maximum		M (tank empty)	
Required Foam Suction Lift: Minimum		M (tank full)	
NB: Re above; please advise if suction changes to positive Head Pressure.			
NOTE: If the tank is above the inductor show/mark measurement as a minus figure in above boxes.			
Foam Pipe Length:		M	
Specify Foam Pipe Length diameter if different from standard Foam Inlet connection		MM	
Date:			
Any additional note/comments:			

ä - optional (or shall be filled-in by ASC)