



MECHANICAL DISPLACEMENT METER PROVER DATA SHEET

COMPANY _____
 JOB NO. _____ ITEM NO. _____
 PURCHASE ORDER NO. _____
 REQUISITION NO. _____
 INQUIRY NO. _____

FOR: ESTIMATING PURCHASE PREPARED BY _____ DATE _____ REVISION _____
 QUANTITY _____ TAG NO. _____ LOCATION _____

TYPE: BIDIRECTIONAL METRIC UNIFLOW SMALL VOLUME
 BURIED ABOVE GROUND LAUNCH CHAMBERS TYPE (DESCRIBE) _____
 STATIONARY SKID MOUNTED PORTABLE (DESCRIBE) _____

SERVICE:
 FLUID _____ SPECIFIC GRAVITY _____ API/SPEC@ _____ °F
 VISCOSITY _____ SSU/CST@ _____ °F VAPOR PRESS. _____ PSI@ _____
 FLOW RATE-MAX. _____ MIN. _____ GPM / BPH
 FLUID TEMP-MAX. _____ MIN. _____ °F AMBIENT TEMPERATURE _____ °F
 FLUID PRESSURE-MAX. _____ MIN. _____ PSIG

METER (S) TO BE PROVED: MAKE _____ MODEL _____ TYPE _____
 SIZE _____ PRESSURE RATING _____ PULSER (S) TYPE _____
 PULSES PER GAL/BBL U.S. _____

CONSTRUCTION: DESIGN CODE _____ ELEC. CLASSIFICATION _____
 PRESS. RATING - ANSI _____ PROVER SECTION DIA. _____ IN. (NOMINAL)
 CERTIFIED VOLUME _____ U.S. GAL / BBL INSULATION TYPE _____ THK. _____
 CONFIGURATION _____ SPHERE DISPLACER MATERIAL _____ SPHERE ACCESS. _____
 4-WAY DIVERTER-SIZE _____ TYPE _____ DIVERTER OPERATOR-TYPE _____
 OPER. LOCAL _____ REMOTE _____ POWER REQ'D _____
 INTERNAL COATING: AIR DRIED BAKED-ON TYPE _____ EXTERNAL COATING _____
 DETECTOR SWITCHES TYPE (MAG-TEK M-5 IS STD.) _____ EXTENSIONS _____ LENGTH _____

ACCESSORIES:
 VENTS: Qty. _____ SIZE _____ VALVES _____
 DRAINS: Qty. _____ SIZE _____ VALVES _____
 PRESSURE TAPS: Qty. _____ SIZE _____ GAUGE/VALVE _____
 THERMOMETERS: Qty. _____ TYPE _____ THERMOWELLS SIZE _____
 PRESSURE RELIEF VALVE: SIZE _____ TYPE _____
 FIELD CALIBRATION NOZZLES: _____
 ELECTRONIC INSTRUMENTATION: _____

STANDARDS AND SPECIFICATIONS:
 API CHAPTER 4, PROVING SYSTEMS

MISCELLANEOUS REQUIREMENTS:

FACTORY TESTS & CALIBRATION	YES	NO
WITNESS	<input type="checkbox"/>	<input type="checkbox"/>
HYDROSTATIC TEST	<input type="checkbox"/>	<input type="checkbox"/>
WATER DRAW CALIBRATION	<input type="checkbox"/>	<input type="checkbox"/>
RADIOGRAPHY, 100% _____ SPOT _____	<input type="checkbox"/>	<input type="checkbox"/>

MILL TESTS, NONDESTRUCTIVE TESTING &
 CERTIFICATES AS REQUIRED BY REFERENCED
 STANDARDS AND CODES

APPROX. WT. _____
 APPROX. DIMENSIONS: L _____
 W _____
 H _____