

Fox Valve Development Corp.

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Fox Critical Flow Nozzle (Sonic Choke)Data Sheet

Please complete the data sheet below with details of your sonic nozzle requirements. You can either specify a design point (Flow rate at a given inlet pressure) OR simply a nozzle throat diameter .

Venturi Designation : _____ (Your Tag or Equip No.)

Gas _____ Inlet Pres. _____ Inlet Temp _____ °F

MW or Density (if an unusual gas) _____ (lbs/ft3)

Design Point: (this must be completed or we cannot quote)

_____ Lbs/sec or SCFM at _____ psig inlet pressure

Throat Dia: _____ (only if vendor to specify)

Line Size: _____ inch; Pipe / Tube; Sch or ID _____

Mat'l of Construction: _____

***End Connections: _____
(Flanges, threads, weld, other)***

Overall Length Constraint: _____ (if applicable)

Calibration Requirements:

Required Accuracy: _____ %

Flow testing Req'ts: _____ (Yes/No)

If yes, NBS-traceable? _____

Curve/Documentation Req'ts _____

Special Requirements: (ie welding, certs, hydrotests, etc.) :
