

Calibration Disc Information Request Form

 $(If impeller \ blade, contact \ graham.russell@gadcap.co.uk \ or \ paul.seccombe@gadcap.co.uk)$

Company Name:	
Contact Name:	
Date:	
Reference Number (if known):	

If information is supplied seperately from shee	et, please indica	ate where necessary.	
Supplied Blade Profile Geometry Requirements:	(Please select)		
	Υ	N	
1. Geometry supplied in 3D CAD (IGES, Step) or 2D Text file.	Ш		
2. Profile accurately represents profile at 100% blade height.			
3. Profile constrained to the X-Y Front plane.			
(Axis of rotation should be parallel with X axis, please see examples below)			_
FRONT PLANE	× ×		
4. Supplied geometry is in the "normal to" view of the profile.			
Note: Calibration discs are designed to be 25.4mm (1 inch) in thickness un disc in front plane below.	(25.4)		of calibration
If NO to any of above, please contact graham.russell@g	adcap.co.uk or	r paul.seccombe@gadcap.co.uk	

Required Information:	(Please comment / tick)
5. Is your probe looking radially into the rotor?	Y N
(Please see example below)	
	If No, please provide further details
6. Number of blades on the rotor:	
7. Maximum blade tip radius:	
8. Position of probe with respect to profile: (Additional drawing can be used to illustrate, see example below)	
9. Additional customer notes (optional):	
Once completed, please send to paul.seccombe@gadcap	.co.uk or graham.russell@gadcap.co.uk, along with any corresponding files and

documents.



FOR GadCap USE ONLY

SE Number:			
Drawing Number:			
Associated Probe(s):			
Design Considerations:			
Special Instructions:			
Durly During			
Probe Range:			
Target Position:		 	
Angle:		 	
Calibration Sensitivities:			