

# DISC SELECTION FOR QUOTE FORM

INQUIRY  
NUMBER



## PREVIOUS DISC INFORMATION [ IF APPLICABLE ]

REORDER

MANUFACTURING # :

TYPE :

MODEL :

SIZE :

## CUSTOMER INFORMATION

COMPANY NAME :

CITY

STATE

POSTAL  
CODE

COUNTRY

CONTACT

PHONE #

EMAIL

END USE  
( REQ'D )

END USER / COMPANY NAME :

COUNTRY WHERE PART TO BE USED :

END USE OF  
PRODUCT?

## DATA NEEDED FOR NEW RUPTURE DISC SELECTION

Rupture Disc  
Materials of Construction:

Is CE mark required?

☐ Yes ☐ No

Burst Pressure :

Unit of  
Measure:

Rating Type :

*See Burst Rating Type Datasheet*

Burst  
Temperature :

Unit of  
Measure:

Manufacturing Range:

to

Operating  
Pressure:

Unit of  
Measure:

Operating  
Temperature :

Unit of  
Measure:

Size :

Equipment Design Pressure (MAWP) :

Vacuum conditions : ☐ Yes ☐ No

Backpressure: ☐ Yes ☐ No

If Yes, how much? :

Is there a safety relief valve above the disc? ☐ Yes ☐ No

Is non-fragmenting design required? ☐ Yes ☐ No

Disc Quantity :

Holder Quantity :

Any code requirements (e.g. ASME)?

Holder Materials  
of Construction:

Holder Type:

Sanitary application? ☐ Yes ☐ No

If Yes, is FDA / 3A approval required? ☐ Yes ☐ No

Is vacuum relief required? ☐ Yes ☐ No

If Yes, how much? :  
Vacuum Burst Rating

Unit of Measurement:

Is the application...?

If cyclic or pulsating, what is the frequency?

Any required accessories or options?

Other special conditions?

Piping  
connections?

Will gas / vapor or liquid  
media burst the disc?