

Storage Tank Fittings

Please ensure that process details are completed accurately (including units of measurement where possible) so that our technical team can provide the best advice in product choice and installation.

Emergency relief valve



Contact Details:-

| | |
|--|--|
| Company Name | |
| Contact Name | |
| Address | |
| Telephone Number | |
| Fax Number | |
| E-Mail Address | |
| Customer Enquiry No. (Past order number if applicable) | |

ER Valve Process Data:-

Please specify units (where applicable)

| | |
|--|--|
| Tank Identification (e.g. Fixed roof tank with floating cover) | |
| Tank Orientation (Horizontal or vertical) | |
| Set Pressure | |
| Relieving Pressure | |
| Maximum Operating Temperature | |
| Preferred Valve Material | |
| Tank or Process Connection Flange Type | |
| Valve Connection Size (If known) | |

For Known Flow Rates:-

Please specify units (where applicable)

| | |
|-------------------------------|--|
| Emergency Relief Venting Rate | |
|-------------------------------|--|

If the Flow Rate is Unknown:-

Please specify units (where applicable)

| | |
|---|--|
| Tank Dimensions – Diameter and height/length | |
| Tank ends (e.g. domed) | |
| Distance between tank base and ground (if applicable) | |
| Tank Contents | |
| Flash Point (If known) | |
| Boiling Point (If known) | |
| Tank Insulation Conductance (If known) | |

Special Requirements or Comments:-

If possible, please include a P&ID showing pressure/vacuum relief valve locations so that our engineers can assess the type required.

| | |
|---------------|--|
| Signed | |
| Date | |

| | |
|--------------------------------|--|
| Print Name | |
| Position within Company | |

Please return this completed document via E-Mail, Fax or Post using the relevant contact details stated below.

| | | |
|---------------------------------------|--|---|
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