

**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.



**Contact Details:-**

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

**TB Valve Process Data:-**

*Please specify units (where applicable)*

Tank Identification (e.g. Fixed roof tank with floating cover)	
Inert gas line pressure (Inlet pressure)	
Tank blanketing pressure (Process 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)*

In-Breathing Rate	
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**If the Flow Rate is Unknown:-**

*Please specify units (where applicable)*

Tank Dimensions (Capacity)	
Filling Rate	
Emptying Rate	
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.

<b>Signed</b>	
<b>Date</b>	

<b>Print Name</b>	
<b>Position within Company</b>	

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