

BURSTING DISC SELECTION FORM



Contact details

Company		Telephone Number	
Originator		Mobile Number	

Bursting disc device specifications

a. Requirements.

Disc Quantity		Holder Quantity	
Certifications Required	No <input type="checkbox"/> Yes <input type="checkbox"/> please specify		

b. Replacement of a Fike Bursting disc device.

Previous Lot or Serial Number	
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c. New Fike Bursting disc device.

Application Description :

Equipment to be protected :		Tag	
Design Pressure		Medium	
Operating Pressure	Min : Max :	Operating Temp.	Min : Max :
Relief Case		Corrosion Consideration	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify
Is any pulsating pressure involved (pulsating = variance in pos pressure)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify		
Is any cycling pressure involved (cycling = positive to negative pressure)	<input type="checkbox"/> No <input type="checkbox"/> Yes, please specify		
Min required relief area		Is CE-certification required?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Bursting disc device specification.

Type of bursting disc			
Size of bursting disc		Performance Tolerance	
Preferred Disc Material		Preferred Body Material	
Burst Pressure		Burst Temperature	
Fragmentation allowed	<input type="checkbox"/> No <input type="checkbox"/> Yes	Vacuum involved	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there a safety relief valve above the disc	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify	Back pressure involved	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify
Flange type + rating of pipe flanges			
Additional Info ?			