

/ 04/07/2022

**Technical Questionnaire for Safety Valves**

Customer:					
Contact person:		Phone:		E-Mail:	
Project:		Reference No.:		Date:	

<b>Vessel</b>					
Designation				Installation	<input type="checkbox"/> vertical <input type="checkbox"/> horizontal
Height		mm	Diameter		mm
Design over pressure				bar(g)	Capacity
					m <sup>3</sup>

<b>Operating Conditions</b>					
Fluid:		Operating pressure:		bar(g)	Operating temperature:
Filling capacity:		m <sup>3</sup> /h			°C

<b>Safety valve</b>					
Type:	<input type="checkbox"/> Liquids <input type="checkbox"/> Gases	Set pressure:		bar	
		Manual override:	<input type="checkbox"/>	pneumatic	
		required discharge capacity: Liquids	<input type="checkbox"/>	m <sup>3</sup> /h	
		Gases	<input type="checkbox"/>	kg/h	

<b>Remarks</b>