

## Customer Information:

Company Name:	<input type="text"/>	Country:	<input type="text"/>
Contact Name:	<input type="text"/>	E-Mail Address:	<input type="text"/>

## Is it a replacement? Please, provide previous rupture disc information:

DonadonSDD Lot number:	<input type="text"/>	Purchase Order n°:	<input type="text"/>
Quantity Required:	<input type="text"/>	Note:	<input type="text"/>

## NEW Rupture Disc Selection:

Tag n°:	<input type="text"/>	Rupture Disc Quantity:	<input type="text"/>
Size:	<input type="text"/>	Rupture Disc Material:	<input type="text"/>
Burst Set Pressure:	<input type="text"/>	Unit of Measure:	<input type="text"/>
Burst Set Temperature:	<input type="text"/>	Unit of Measure:	<input type="text"/>

Do you need to protect your plant also from de-pressure / vacuum? If **YES**, please fill out the data below:

Burst Set DePressure:	<input type="text"/>	Unit of Measure:	<input type="text"/>
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*You can find more information on our DOUBLE WAY disc [here](#)*

## Process Data:

Will Gas/Steam or Liquid burst the Rupture Disc?

Gas Steam	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Media:	<input type="text"/>
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Do you need a flow calculation? If **YES**, please fill out the data below:

Flow Rate:	<input type="text"/>	Unit of Measure:	<input type="text"/>
If the MEDIA is GAS, please provide the Molecular Weight:	<input type="text"/>	If the MEDIA is LIQUID, please provide the:	Density: <input type="text"/>
			Viscosity: <input type="text"/>

Equipment Design Pressure(MAWP):	<input type="text"/>	Unit of Measure:	<input type="text"/>
What Max Operating Pressure will the disc see while in service?	<input type="text"/>	Unit of Measure:	<input type="text"/>
and a what Operating Temperature?	<input type="text"/>	Unit of Measure:	<input type="text"/>
Do you have information regarding the type of operating pressure?	<input type="text"/>		If cycling or pulsating, what is the Frequency? <input type="text"/>
Will the disc see any Vacuum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the disc see any Back Pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If Yes, How Much? <input type="text"/> Unit of Measure: <input type="text"/>

**Additional requirement on rupture disc:**

<p>Is UD Mark (ASME VIII) required? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Is Non-Fragmenting design required? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is there a safety valve downstream of the disc? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Is a Sanitary Application? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is an 'Alarm sensor indicator' or 'burst sensor' required for the bursting disc assembly? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

**Data required for Holder selection:**

Holder Quantity: <input style="width: 100%;" type="text"/>	Holder Material: <input style="width: 100%;" type="text"/>
<i>Please, communicate more information regarding:</i>	
Flanges and Rating: <input style="width: 100%;" type="text"/>	Or Connection Type: <input style="width: 100%;" type="text"/>

**Note:**

Please fill out the following form and submit it by E-mail to: [donadonsdd@donadonsdd.com](mailto:donadonsdd@donadonsdd.com)