

PROTECTOSEAL EMERGENCY VENT APPLICATION WORKSHEET

COMPANY:		DATE:	
PHONE:		ISSUED BY:	
FAX:		ADDRESS:	
E-MAIL:			
PROJECT:			

Please Specify Units of Measurement

SERVICE CONDITIONS

1	Tag Number				
2	Tank Number				
3	Capacity of Tank				
4	Tank Design Pressure				
5	Allowable Overpressure				
6	Max. Allowable Working Pressure (MAWP)				
7	Tank Type: Horizontal or Vertical				
8	Tank is Elevated off Ground (YES or NO)				
9	Fluid				
10	Molecular Weight				
11	Flash Point F				
12	Temperature F Operating / Maximum	/	/	/	/
13	Tank Diameter				
14	Tank Height or Length				

VENTING REQUIREMENTS

15	Pressure Setting				
16	Allowed Reductions-If Applicable (one only)				
17	* Approved Alcohol (50%)				
18	* Approved Drainage (50%)				
19	* Approved Water Spray (30%)				
20	* Approved Insulation (30%)				
21	* Approved Spray & Insulation (15%)				
22	Additional Flow Requirement (if any)				
23	Total Outbreathing Requirement				

MATERIALS OF CONSTRUCTION

24	Body or Base Material				
25	Cover or Hood				
26	Internals				
27	Diaphragm				

DESIGN TYPE

28	Size: Inlet				
29	Connection Type				

RECOMMENDATION

30	Protectoseal Model Number				
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