



**Rupture Disc
RFQ / Order Form**

Date:

Disc Size:

Operating Pressure:

Burst Pressure:

Back Pressure:

Static Cycling

Burst Temperature:

Superimposed Build up

Burst Tolerance:

Operating Temperature:

Vacuum support needed? Yes No

Medium: Gas Liquid Liquid with Gas Cushion

Material:

Certification (ASME, stamping required):
ASMR or CRN, if additional cost please provide as an option

Venting into:

Used in Front of Safety Valve: Yes No Quantities Requested:

Rupture Disc Holder

Holder Requested: Yes No

Flange Rating: Quantities Requested:

Installation Type:

Accessories Needed?
*studs, nuts, jackscrews, excess
flow valve, pressure gauge*

Data Sheet or Drawing Attached? Yes No

Additional Information:

PO / Reference #:

Date Required:

Name:

Company:

Phone:

Email:

Shipping Address:

Save completed PDF and email to sales@zirco.ca