

## 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**