

# PROTECTOSEAL EMERGENCY VENT APPLICATION WORKSHEET

<b>COMPANY:</b>		<b>DATE:</b>	
<b>PHONE:</b>		<b>ISSUED BY:</b>	
<b>FAX:</b>		<b>ADDRESS:</b>	
<b>E-MAIL:</b>			
<b>PROJECT:</b>			

*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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225 W. Foster Ave., Bensenville, IL 60106 Phone: 630/595-0800 Fax: 630/595-8059  
 Website: [www.protectoseal.com](http://www.protectoseal.com) E-mail: [info@protectoseal.com](mailto:info@protectoseal.com)