REQUEST FOR INFORMATION – *Pressure Pro™ Barrier System*

Date **Company** **Contact Name** **Email**

Please provide all available information that is applicable to your application:

Briefly describe the application below. Include details and dimensions of the equipment under pressure.
*Please provide any available schematics and photos of the equipment and area where protection is needed.

What type of pressure is being utilized? Hydrostatic ◉ Pneumatic ○ Other ○

What is the maximum PSI achieved? Duration?

Details of the known projectile(s) of concern?
(Components that may be threaded or welded onto equipment that could become launched in a failure event)

Description Manufacturer Part #

(or) Weight Dimensions Velocity Energy

**Please provide schematic or photos if available*

What is the orifice size of the test fitting?
(Diameter of the pipe or location where the potential projectile is connected to the equipment)

Will the barrier(s) be disassembled, transported, or stored regularly?

How frequently does pressure testing take place?

Is high pressure fluid jet/ disbursement a concern?

Is a roof needed?

Is visual contact needed with the equipment during testing?

In what type of environment will the barriers be used?

Is the equipment being tested transported by overhead crane or fork lift?

Please provide any available information or ideas on how the barrier system will be arranged or applied.

How did you hear about Blast Control?