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SAFETY BREAKAWAY COUPLING APPLICATION SHEET

Thank you for your breakaway coupling request. Before we can quote these, we will need you to complete this Breakaway Application Sheet and return.

Fluid Type Transferred (Name): _____

Line Size: _____

Normal Working Pressure: _____

Maximum Working Pressure: _____

Flow Rate: _____

Temperature: _____

Hose or Loading Arm: _____

If hose – Maximum working pressure of hose: _____

If hose – Where will breakaway be located – (i.e., at the rigid pipe prior to the hose, at the end of the hose, just prior to coupling): _____

If located on an existing loading arm, where would it be located: _____

If on a new arm, where would end-user prefer the breakaway to be located: _____

Breakaway End Connections (FNPT, 150# ANSI etc.): _____

End-user (Name, Location, Country): _____

