

Top Loading Arm Datasheet

GENERAL

Client			
Contact person		E-mail	
Project	<input type="checkbox"/> Replacement	<input type="checkbox"/> Facility expansion	<input type="checkbox"/> New project
Project location			
Applicable regulations			

TOP LOADING ARM DATA

Loading arm required for	<input type="checkbox"/> Road tanker	<input type="checkbox"/> Rail wagon	<input type="checkbox"/> Tank Container
Quantity / Model			
Size of product arm			
Lay-out	<input type="checkbox"/> Left-hand	<input type="checkbox"/> Right-hand	
Support construction	<input type="checkbox"/> Stand post	<input type="checkbox"/> Other _____	
Inlet flange	<input type="checkbox"/> Top inlet	<input type="checkbox"/> Bottom inlet	<input type="checkbox"/> Side inlet
	please state type and size:		
Drop pipe	<input type="checkbox"/> Fixed	<input type="checkbox"/> Telescopic	<input type="checkbox"/> With sealing cone
	Please specify (if other):		
Piping material			
Seal material	<input type="checkbox"/> PTFE	<input type="checkbox"/> Viton	<input type="checkbox"/> Others
Balancing	<input type="checkbox"/> Spring cylinder	<input type="checkbox"/> Counter weight	
Operation (loading and unloading)	<input type="checkbox"/> Loading	<input type="checkbox"/> Unloading	<input type="checkbox"/> Both
Mode of operation	<input type="checkbox"/> Manual	<input type="checkbox"/> Pneumatic	<input type="checkbox"/> Hydraulic
Vapour return line	<input type="checkbox"/> Yes (Diameter _____)	<input type="checkbox"/> Hose	<input type="checkbox"/> Rigid pipe) <input type="checkbox"/> No
Surface treatment & painting	<input type="checkbox"/> Primer only		
	<input type="checkbox"/> Three-layer painting system RAL _____		
	<input type="checkbox"/> Pickling / Passivating of stainless steel		
Heating / Insulation	<input type="checkbox"/> Yes (<input type="checkbox"/> Steam or oil tracing <input type="checkbox"/> Electrical tracing <input type="checkbox"/> Insulation) <input type="checkbox"/> No		
	If yes, Heated / Insulated: <input type="checkbox"/> Pipes <input type="checkbox"/> Elbows		

PROCESS PARAMETERS

Product / Medium			
Operating pressure	bar	Design pressure	bar
Operating temperature	min/max °C	Design temperature	min/max °C
Density	Kg/m ³	Viscosity	cp
Loading flow rate	m ³ /h	Unloading flow rate	m ³ /h
Area classification	<input type="checkbox"/> Safe <input type="checkbox"/> Hazardous: zone _____		

INSPECTION & TESTING REQUIREMENTS

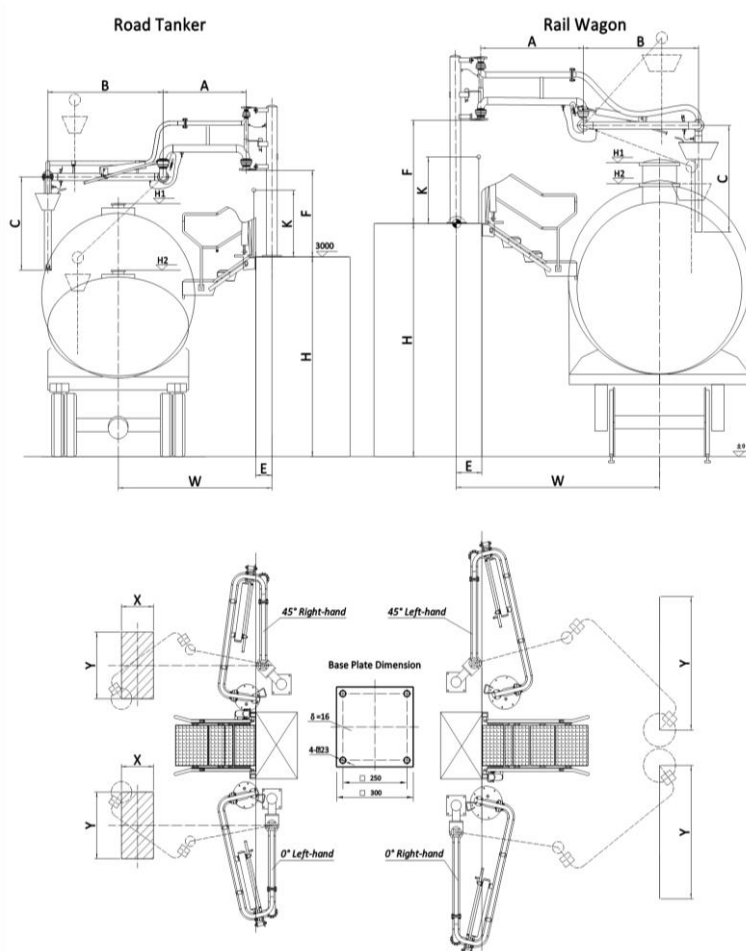
Radiography (Welding test)	<input type="checkbox"/> Yes (<input type="checkbox"/> 10% <input type="checkbox"/> 100% <input type="checkbox"/> Other: _____%) <input type="checkbox"/> No
3rd Party Inspection	<input type="checkbox"/> Yes (Preferred class _____) <input type="checkbox"/> No

DIMENSIONS OF INSTALLATION

	Platform width	mm	
	Platform length	mm	
	Top of platform to roof distance	mm	
H	Platform elevation	mm	
K	Height of platform guardrail	mm	
A	Length of inboard arm	mm	
B	Length of outboard arm	mm	
C	Length of drop pipe	mm	
E	Distance from centerline of standpost to platform edge	mm	
W	Distance between centerline of standpost and centerline of tank	mm	
F	Height of inlet flange above platform	mm	
H1	Max. Height of tanker above ground	mm	
H2	Min. Height of tanker above ground	mm	
	Max. Manhole diameter	mm	
	Min. Manhole diameter	mm	
X	Operating envelope (Max. width)	mm	
Y	Operating envelope (Max. length)	mm	

* Please attach sketch/reference if available

* In case other dimensions are required than our standard, please specify with additional information; we can design other loading arm dimension to meet customer preferred operating envelope.



OPTIONAL ACCESSORIES

1	Vacuum breaker	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Collection bucket	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Drop pipe deflector	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Telescopic drop pipe	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Pneumatic press down cylinder on outer arm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Emergency breakaway coupler	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Drain and purge connections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Top level detection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Static grounding equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Rest position signal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Submersible pump	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OTHER REQUIREMENTS, PLEASE SPECIFY.