Reservoirs/Tanks/Volume Compensators
Design Data Sheet

Senior Operations, LLC
Senior Metal Bellows
1075 Providence Highway
Sharon, MA 02067
Phone: (781) 784-1400
Fax: (781) 784-1405

Technical Contact:_____ Company:_____

Phone:_____ Fax:_____ Email:_____

▪ Volume Required:	_____
▪ Volume of Fluid Displaced:	_____
▪ Container OD & ID:	OD:_____ ID:_____
▪ Envelope Height:	_____
▪ Bellows Pressure:	OD:_____ Max._____ Min._____ ID:_____ Max._____ Min._____
▪ System Pressures:	_____
▪ Bellows Pressure on System:	_____
▪ Max. Pressure at Max Volume:	_____
▪ Gas Pre-charge Pressure:	_____ *(If required)*
▪ Pressures at Fill Position:	_____
▪ Pressures at Expelled Position:	_____
▪ Pressure at Lift Off:	_____
▪ Burst Pressure for Container:	_____
▪ Proof Pressure for Container:	_____
▪ Burst Pressure for Bellows:	_____
▪ Proof Pressure for Bellows	_____
▪ Media:	_____
▪ Temperature:	_____
▪ Range and Conditions:	_____
▪ Materials Required:	_____
▪ Cycle Rate:	_____
▪ Full Stroke Cycle Life:	_____
▪ Partial Stroke Cycle Life:	_____
▪ Ullage Volume Required:	_____
▪ Vibrations to Consider:	_____
▪ G-Loads to Consider:	_____
▪ Flange Mounting:	_____
▪ Input/Output Fittings:	_____
▪ Weight Requirements:	_____ Quantity:_____
▪ Sensor Required:	☐ No ☐ Yes → Type Preferred:_____
▪ Description of Application:	_____ _____ _____

Form No. 03-10 Rev. A

Submit Design Requirements