

Request for detailed coldroom or cellar cooling selection

Name: _____

Company: _____

Address: _____

Email _____

Tel: _____ Fax: _____

Installation Type: _____

Ambient Temp. _____ deg. F or C

Floor Temp. (if known) _____ deg. F or C

Required Room Temp. _____ deg. F or C

External Dimensions:

Length _____ ft or metres

Width _____ ft or metres

Height _____ ft or metres

Insulation:	Type	Thickness
Wall	_____	_____ fins or mm
Ceiling	_____	_____ fins or mm
Floor	_____	_____ fins or mm

Product Type: _____

Input per day: _____ lbs or kg

Entering Temp. _____ deg. F or C

Cooling Time (if known) _____ hours

Air Changes: _____ light, normal or heavy

Number of Occupants: _____

Working Time _____ hours/day

Motor Power (Excl. Coolers) _____ watts per sq. ft. or sq. m

Working Time (Lights): _____ hours/day

Desired Plant Running Time: _____ hours/day

Refrigerant: _____ type

Preferred Number of Coolers: _____

Preferred Number of Cond. Units _____

Any Other Relevant Information? _____

For office use only: _____ Celc Ref: _____
