



ROOM-AIRCONDITIONING SPECIFICATION SHEET

NAME / ADDRESS: _____

Zip/Postal Code: _____

PHONE: () FAX: () EMAIL: _____

(Please provide measurements in feet/inches, Degrees Fahrenheit and Pounds)

Permeating Load through a Structure

ROOM: Length _____ Width _____ Height _____ WALL THICKNESS (inside to outside face): _____

ROOM LOCATION: FREESTANDING BUILDING or _____ WITHIN A BUILDING _____

TEMP. OF SURROUNDING: SUMMER _____ ° F WINTER _____ ° F

DESIRED ROOM TEMP.: _____ ° F DESIRED ROOM HUMIDITY: _____ %

TYPE OF CONSTRUCTION: (Please Tick)

- Masonry or Frame Construction
- Sheet metal, steel welded
- Module panel, caulked and sealed

INSULATION: WALL - Type: _____ Thickness: _____ **CEILING** - Type: _____ Thickness: _____

FLOOR - Type: _____ Thickness: _____

Moisture through Intermittent Openings (Doors & Windows)

LOADING/PERSONNEL DOOR # 1: Height (Feet) _____ Width (Feet) _____

LOADING/PERSONNEL DOOR # 2: Height (Feet) _____ Width (Feet) _____

LENGTH OF TIME OPEN/HR: _____ **PROTECTIVE DEVICE USED:** Yes / No, If Yes-TYPE: _____

WINDOW # 1: Height (Feet) _____ Width (Feet) _____ **GLASS TYPE:** (SINGLE/DOUBLE GALZED): _____

WINDOW # 2: Height (Feet) _____ Width (Feet) _____ **GLASS TYPE:** (SINGLE/DOUBLE GALZED): _____

WINDOW # 3: Height (Feet) _____ Width (Feet) _____ **GLASS TYPE:** (SINGLE/DOUBLE GALZED): _____

HEAT SOURCES IN ROOM: # OF PEOPLE IN ROOM _____ # OF HOURS/DAY _____

OF WATTS OF LIGHT IN ROOM: _____ NUMBER OF HOURS ON/DAY _____

OF MOTORS IN ROOM: _____ HP/MOTOR _____ NUMBER OF HOURS ON/DAY _____

OTHER HEAT LOAD IN THE ROOM (KWh) _____ NUMBER OF HOURS ON/DAY _____

MAKE-UP VENTILATION (OUTSIDE) AIR: _____ (CFM), **TEMP.:** _____ °F(db/wb), _____ (gr/lb), **ACH:** _____

NUMBER OF HOURS AMBIENT AIR ON/DAY _____

ANY OTHER PRODUCT(S) IN THE ROOM: _____ **PRODUCT LOADED / DAY (# of lbs)** _____

FIELD TEMP. OF PRODUCT ENTERING ROOM: _____ °F, TEMPERATURE "PULL DOWN" TIME: _____ HOURS

ELECTRICAL SUPPLY: _____ V _____ Ph _____ Hz **OPERATING SEASON:** _____ (Months)



DATE YOU NEED EQUIPMENT INSTALLED AND OPERATING: _____

ADDITIONAL COMMENTS: _____