



## FREEZER-ROOM SPECIFICATION SHEET

NAME / ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

PHONES: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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

**COLD ROOM:** Length \_\_\_\_\_ Width \_\_\_\_\_ Height \_\_\_\_\_ WALL THICKNESS (inside to outside face): \_\_\_\_\_

**INSULATION: WALL** - Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ **CEILING** - Type: \_\_\_\_\_ Thickness: \_\_\_\_\_

**FLOOR** - Type: \_\_\_\_\_ Thickness: \_\_\_\_\_ **LOADING DOOR(S)** - Type: \_\_\_\_\_ Thickness: \_\_\_\_\_

**COLD ROOM LOCATION:** FREESTANDING BUILDING or \_\_\_\_\_ WITHIN A BUILDING \_\_\_\_\_

If WITHIN, THE TEMP. OF SURROUNDING PREMISES: SUMMER \_\_\_\_\_ ° F WINTER \_\_\_\_\_ ° F

Size of the EAST FACING WALL \_\_\_\_\_ L \_\_\_\_\_ H

ARE ALL WALLS EXPOSED OUTSIDE \_\_\_\_\_ YES, or ARE SOME PARTITIONS \_\_\_\_\_ YES \_\_\_\_\_ #

TEMPERATURE OF ADJACENT ROOMS TO PARTITION WALLS \_\_\_\_\_ ° F

**PRODUCT(S) IN STORAGE:** \_\_\_\_\_

PRODUCT TEMP. ENTERING ROOM: \_\_\_\_\_ ° F DESIRED STORAGE TEMP.: \_\_\_\_\_ ° F

TEMPERATURE "PULL DOWN" TIME: \_\_\_\_\_ HOURS (IF REQUIRED)

QTY. LOADED/DAY (# of lbs.) \_\_\_\_\_ TOTAL QNTY (lbs.) STORAGE WILL HOLD: \_\_\_\_\_

AMBIENT TEMP.: \_\_\_\_\_ ° F

**ELECTRICAL SUPPLY:** \_\_\_\_\_ V \_\_\_\_\_ ph \_\_\_\_\_ Hz

**LOADING DOORS:** QTY: \_\_\_\_\_ Size: Height (feet) \_\_\_\_\_ Width (feet) \_\_\_\_\_

LENGTH OF TIME OPEN (**Per 24 hr. period**): \_\_\_\_\_

PROTECTIVE DOORWAY DEVICE USED: **Yes / No** If **Yes** – **WHAT TYPE:** \_\_\_\_\_

**HEAT SOURCES IN ROOM:** # OF PEOPLE IN ROOM \_\_\_\_\_ # OF HOURS/DAY \_\_\_\_\_

# OF WATTS OF LIGHT IN ROOM: \_\_\_\_\_ NUMBER OF HOURS ON/DAY \_\_\_\_\_

FORKLIFT USED IN ROOM: YES / NO If Yes, GAS or ELECTRIC and \_\_\_\_\_ # of HRS/DAY

OTHER HEAT SOURCE (describe) \_\_\_\_\_

**Please Fax: 1-519-688-5962 OR Email as an attached document to [jdwasir@kooljet.com](mailto:jdwasir@kooljet.com)**



**OPERATION SEASON:** \_\_\_\_\_ YEAR ROUND or SEASONAL

Describe \_\_\_\_\_

**COMPRESSOR RUN TIME:** \_\_\_\_\_ HRS/24 HRS

**DATE YOU NEED EQUIPMENT INSTALLED AND OPERATING:** \_\_\_\_\_

**ADDITIONAL COMMENTS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_