



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) _____



OPERATION SEASON: YEAR-ROUND SEASONAL

Describe _____

COMPRESSOR RUN TIME: _____ HRS/24 HRS

DATE YOU NEED EQUIPMENT INSTALLED AND OPERATING: _____

ADDITIONAL COMMENTS: _____
