

Selection of *Cool Room/Freezer Equipment*

When requesting quotations for coolroom equipment, please supply the following information to assist Actrol Technical Staff to advise on the selection of suitable equipment for your particular application. Tick boxes where applicable. All * **highlighted** fields must be filled in before we can proceed.

*Date: _____ / _____ / _____

*Client: _____

*Phone No: _____

*Contact Name: _____

*Fax No: _____

Address: _____

Email: _____

Account No: _____

Product Details

*Product Type: _____ eg. Beef, Vegetables...

*Weight of Product Entering Room per Day _____ kg Weight per 24 Hours

*Temperature of Entering Product _____ °C

*Room Storage Temperature _____ °C *Room Design Temperature*

Approximate Room Relative Humidity _____ %RH *Usually Dictated by Product*

Product Pull Down Time Required _____ Hours *Usually 24 Hours*

Room Location, Dimensions and Construction

City/town _____

State _____

*Width _____ *Length _____ *Height _____ Internal External

Construction Insulation Thickness and Type

*Walls _____ mm Polyurethane Polystyrene

*Ceiling _____ mm

Floor *Concrete _____ mm *Insulation _____ mm Floor Heating None

*Solid Door/s _____ Width _____ mm Height _____ mm

*Glass Door/s _____ Width _____ mm Height _____ mm

Door Usage Heavy Average Long Glazing Type Double Triple

Miscellaneous Loads

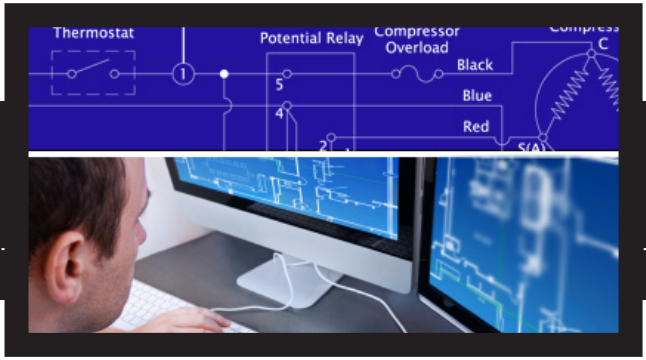
Number of Occupants _____ Hours/Day _____ Lighting _____ Watts

Forklift Yes No *Standard lighting 10 Watts per m²*

Forklift Type Electric Internal Combustion Hours per Day _____

Ventilation Yes No *Any outside air added to the room*

Other Loads _____



Other Information

*Power Supply 240V 1PH 50Hz 415V 3PH 50Hz *Preferred Refrigerant _____

Equivalent Line Length	Horizontal	Vertical
Liquid	_____ m	_____ m
Suction Line	_____ m	
Discharge Line	_____ m	

Any additional data available _____

Equipment Preferences

Conventional <input type="checkbox"/>	Packaged <input type="checkbox"/>	Remote <input type="checkbox"/>
Punchbowl <input type="checkbox"/>	Buffalo <input type="checkbox"/>	Cabero <input type="checkbox"/>

Other _____
 Other _____

Actrol can only base equipment selections on the information supplied above and are not responsible if this information is incorrect, changed without notice or if assumptions need to be made due to lack of information.

*Form Completed By: _____

*Client's Signature: _____