

Please Complete The Following Information

Name _____ Telephone Number () _____
 Company Name _____ Fax Number () _____
 E-Mail Address _____ Job/Project Name _____
 Mailing Address _____ Contact Name _____
 _____ Location of Job: City _____
 City _____ State _____ State _____ Country _____
 Zip Code _____ Postal Code _____

ROOM/BUILDING INFORMATION

Room Dimensions: Length: _____ Width: _____ Masonry: No Vapor Barrier _____ Vapor Barrier Present _____
 Height: _____ Volume: _____ cu/ft Sheet Metal: No Vapor Barrier _____ Vapor Barrier Present _____
 Room Location: Below Ground: _____ Above Ground: _____ Other: Please Explain _____
 Walls: Outside Facing - Number and Length _____ Insulation: R-Value Walls _____ R-Value Ceilings _____
 Conditioned Space Surrounding: Walls Yes: _____ No: _____ Floor Type: Masonry _____ Wood _____ Bare Earth _____
 Ceiling Yes: _____ No: _____ Doors: Outdoor Opening - Width _____ Height _____
 Construction Frame: Opening - Minutes Per Hour _____
 Frame: No Vapor Barrier _____ Vapor Barrier Present _____ Windows: Outdoor Facing - Double Pane _____ Single Pane _____

MOISTURE LOAD INFORMATION

Occupancy: No. Of People _____ Desired Room Temp. _____ Re-Circulated Air: _____ CFM
 Desired Room Relative Humidity: _____ Wash Down Walls & Ceilings : Daily _____ Weekly _____
 Describe Type Of Activity Needing Dehumidification: _____ Standing Water On Floors: Yes _____ No _____
 _____ Product Load: Pounds/Hr Needed To Remove: _____
 _____ Specific Heat: _____
 _____ Internal Heat Gain: Description _____
 Make Up Air: _____ CFM Exhaust Air: _____ CFM BTU/HR, Watts Or Horsepower: _____

DESIGN CONDITIONS:

	Dry Bulb	Wet Bulb	Relative Humidity	Dew Point
Ambient:	_____	_____	_____	_____
Room Or Building:	_____	_____	_____	_____
Surrounding:	_____	_____	_____	_____
Make Up Air:	_____	_____	_____	_____
In Process Water Available For Cooling:	Cooling Tower _____	Heat Pump Loop _____	Other _____	

Additional Information: _____
