

FAX US THIS RFQ SHEET FOR A QUICK QUOTE

Date: \_\_\_\_\_
Customer Name (Company): \_\_\_\_\_ Contact: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

ENVIRONMENT

Temperature Range: \_\_\_\_\_ Usual Operating Range: \_\_\_\_\_
Temperature Control: ± \_\_\_\_\_ Uniformity: \_\_\_\_\_
Humidity Range (Optional): \_\_\_\_\_ % to \_\_\_\_\_ RH with ± \_\_\_\_\_ % Control
Desired Humidity for Operation is \_\_\_\_\_ % at \_\_\_\_\_ °C °F
Ambient Temperature of Room Location: \_\_\_\_\_ and, Ambient Humidity? \_\_\_\_\_ % RH
Known Heat and Humidity Load? \_\_\_\_\_
Forced Exhaust: Yes No Rated at \_\_\_\_\_ CFM Fresh Air Intake: Yes No Intake Filter: Yes No

GENERAL ROOM SPECIFICATIONS: CONSTRUCTION

Interior Size Desired Dimensions: W x D x H Space Available: W x D x H
Interior Wall Material? Finish?
Exterior Wall Material? Finish?
Lighting Required: (Standard Lighting is 70 FC at 21°C, 40" from Floor)
Electrical Outlets: (Quantity) (show on sketch) Voltage

ELECTRICAL SERVICE AVAILABLE

Volts: \_\_\_\_\_ Phase: \_\_\_\_\_ Hz: \_\_\_\_\_

REFRIGERATION SYSTEM

Air Cooled Water Cooled (Tower Water, Chilled Water, City Water) Temperature of Supply if known
Combination Water with Air Backup 100% Redundant System
Remote Location of Condensing Unit (Rather than on Room) Yes No Building Roof Outdoor Pad
Mechanical Room How Far Away? feet
Building Floor Drain Location for condensate (3/4") (Indicate on Sketch) feet
Condensate Pump Required

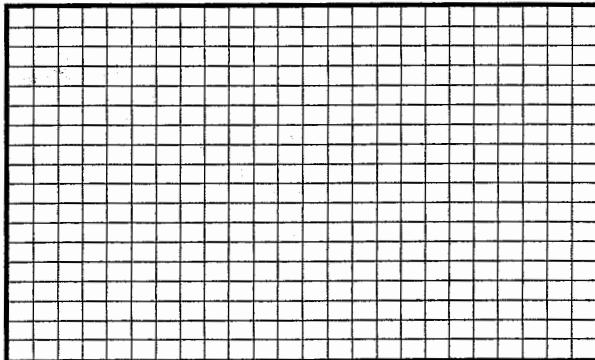
CONTROLS / RECORDS

Panel: Honeywell Single Pen 10" Recorder Honeywell Two Pen 10" Recorder
Honeywell 12" Truline Recorder Paperless Recorder Data Logger
High Temperature Safety Alarm and Low Temperature Safety Alarm Standard.
Power Failure Alarm: Yes No Interior Emergency Alarm: Yes No
Note: If a Remote Control Panel is Required, Please indicate the Distance and Configuration. (If possible, show on sketch)
Special Requests:

SHELVING REQUIREMENTS

Style: Free Standing Wall Mounted
Finish: Chrome Epoxy Coated Stainless Steel
Indicate Layout (location) on Sketch
Special: Tables / Racks / etc. Specify below

Please Sketch the Overhead Layout (Pan View) in the Space Below. Scale: \_\_\_\_\_
Show Desired Windows, Doors, and Access Ports.



Thermmax SCIENTIFIC PRODUCTS
190 Keystone Drive • Telford, PA 18969
(215) 453-6400 •
800-899-3774
Fax (215) 453-6413

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## GENERAL ROOM SPECIFICATIONS: CONSTRUCTION

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Volts: \_\_\_\_\_ Phase: \_\_\_\_\_ Hz: \_\_\_\_\_

## REFRIGERATION SYSTEM

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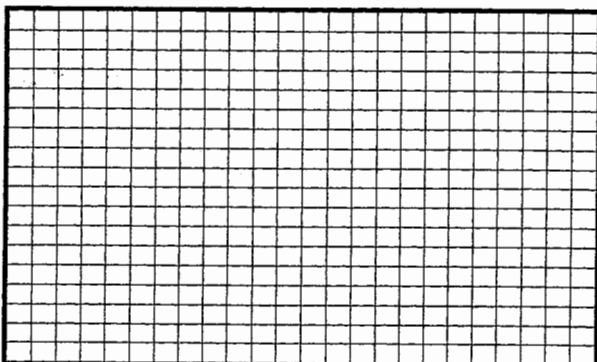
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