



Controlled Environment Room - Quote Request Form

Contact Info:

Project: _____

Customer: _____

Contact: _____

Email: _____

Phone: _____

Site Address: _____

City: _____ State: _____ Zip: _____

Need Help Filling Out This Questionnaire?

Please reach out to your Lab Furniture Expert or email us at info@labbuildersinc.com

Basic Questions on the Location of Your Walk-in Controlled Environment Room:

Will the Walk-in be located Indoors or Outdoors ?

Ambient Temp Range: _____ °F to _____ °F

(ambient temp is referring to the air temp surrounding the outside of the walk-in)

Ambient RH Range: _____ % to _____ %

(ambient temp is referring to the air temp surrounding the outside of the walk-in)

Basic Requirements of Your Walk-in Controlled Environment Room:

Exterior Dimensions of Walk-In Room:

L _____ x W _____ x H _____

(2" of airspace is required between building and walk-in walls)

Walk-in will Consist of:

Single Compartment Room

or

Multiple Compartment Room

(a drawing or sketch showing walk-in layouts could be required for multiple compartment and/or multiple door locations)

Temperature required within room: _____ ° Celsius

Temperature Uniformity: **Select One**

(this refers to how tight you would like the temperature controlled - the tighter the uniformity the more specialized the equipment will be, this will add complexity and cost)

Relative Humidity set point (if required): _____ %

Relative Humidity Uniformity (if required): **Select One**

Interior Finish: **Select One**

Interior Color (White is standard): **Select One**

Exterior Finish: **Select One**

Exterior Color (White is standard): **Select One**

Floor: **Select One**

If floor will have heavy traffic such as carts and dollies, please describe (this will determine if a reinforced floor will be required):

Lighting Required Inside Your Walk-in:

Lighting: Select One

Lighting total daily hours of operation: _____

Door Info: If there are multiple doors, please provide brief description in comments

Door Quantity: _____

Door Size: Select One

View-port: Select One

Estimated Total Door Openings in 24Hours: _____

Estimated Average Duration of Door Openings:

Interior Kick Plate: Select One

Interior Kick Plate: Select One

Ramp: Select One

Door Comments:

Additional Options for Your Walk-in:

Chart recorder (records 7 days on a 10" circular, paper chart) for Temperature (and humidity if applicable)

Electrical Receptacles (advise desired qty: ____ and electrical service: ____)

Chrome Kote™ shelving system (linear footage: ____ tiers, ____ width, ____ length)

Wall Panel Reinforcement (required for wall mounted shelving or casework, advise location in comments below)

Ceiling Plenum (internal drop ceiling for improved aesthetic on rooms 9' and taller)

Vinyl Floor Mat (mildew, inorganic acid, oil & grease resistant floor covering)

Additional Optional Comments or Requests:

Questions About Your Product: To better determine how best to maintain your desired temp and the control panel needed

Description of room application (provide detail if humidity range is desired):

Description of product:

Description of product (qty. and temp.) entering the room:

Product to be pulled down to chamber set point in _____ hours

Required temperature recovery time for door opening: Select One

Will electrical equipment be used in the room? If so, indicate the total watts:

Will there be staff working within the room? If so, indicate the qty. and total hours per day total:

Is ventilation required? If so, indicate the qty. ____ CFM, and Temp/RH of input air ____ °F / ____ %

Refrigeration Equipment Requirements and Information:

Condensing Unit: Standard Air Cooled Water Cooled Other

Location of Condensing Unit: Indoors Outdoors

Ambient Temp Range of Refrigeration Equipment: ____ °F

Humidity Equip: (if controlled) Indoors Outdoors

Ambient Temp Range: ____ °F

Ambient RH: ____%

Electrical Service Available on Site:

Is UL Listing Required: Yes No

Approx. Refrigerant Line Length:

Redundant Refrigeration Systems: Yes No

Does your project require installation?

Customer / Installation Address:

Site Contact Name:

Site Contact Phone and Email:

Where will the condensing unit be placed? And, at what distance from walk-in?

Is the project being installed on the first floor of the building or will there be a freight elevator or stairs?

Are there any delivery restrictions that would require rented equipment to unload the project from the truck?

Should we provide electrical?

Does the installation team need to be union?

Estimated Date for installation?

Any other special install requirements like licensing, safety training, etc?