

Designed to Perform. Built to Last.



INFORMATION REQUEST SHEET | CHILLER APPLICATION

DATE: _____ **CONTACT:** _____
COMPANY NAME: _____ **PHONE #:** _____
ADDRESS: _____ **FAX #:** _____
_____ **E-MAIL:** _____

END USER LOCATION: City/ST _____ Country _____ Elevation _____

Equipment Ambient Conditions: _____

- Application/process type _____
- Amount of cooling required (Btu/hr or Tons) _____
- Required fluid temperature "to" process (LWT) _____ °F or °C
- Expected fluid temperature "returning" from process (RWT) _____ °F or °C (if known)
- Flow rate (GPM) required _____
- Ambient Air temperature _____ °F or °C
- Condensing method (choose one) _____ Air Cooled _____ Water Cooled
- Power: _____ Volts, _____ Phase, _____ Hertz

If WATER Cooled:

- Condenser cooling water supply/type: (choose one)
_____ City Water _____ Cooling Tower _____ Pump/Tank _____ Other
- Available Cooling Water to Condenser: _____ GPM and Temperature _____ °F or °C

If AIR Cooled:

For Central Chiller Systems *or* Remote Condenser Coils on Portable Chiller Systems

- Condenser location: (choose one)
_____ Roof Mount _____ Platform Mount _____ Other

For Central Chiller Systems is pump tank required? Yes _____* No _____

When planning to use fluid other than water (in process fluid loop), please supply the following additional information:

Fluid Type _____ Brand Name (if any) _____
Specific Heat _____ Thermo Conductivity _____
Percentage (%) by Weight _____ Specific Gravity _____

*If pump tank is required, please complete Pump Tank Information Request sheet – IRS013

Prior Equipment/Comments: _____

Submit Form

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