

Designed to Perform. Built to Last.



INFORMATION REQUEST SHEET | BLOWN FILM COOLER APPLICATION

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

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

Application environment: Indoors / Outdoors / Rating? _____

Application:

Other application details: _____

Amount of cooling required (Btu/hr or Tons or kW's) _____

Required air temperature "to" process _____ °F or °C

Air Flow rate required (if known) _____ CFM Inlet air temperature _____ °F or °C

Available Cooling Water: _____ GPM and Temperature _____ °F or °C

Cooling water supply/type: (choose one)

- | | | |
|--|------------------------------------|--------------------------------|
| ☐ City Water | ☐ Pump/Tank | ☐ Other |
| ☐ Cooling Tower | ☐ Chiller | _____ |

If Electronic Valve is required:

- Voltage: _____ Volts, If not 110V

If Blower is required:

- Power: _____ Volts, _____ Phase, _____ Hertz
- Static Pressure of Blower: (choose one) _____ 16" w.g. OR _____ 35" w.g.

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 _____ Thermal Conductivity _____

Percentage (%) by Weight _____ Specific Gravity/Density _____

*If source of chilled water is required, please complete Chiller Information Request sheet – IRS003 or Pump Tank Information Request Sheet IRS013

Control Requirements: Is a Panel Required? If Yes, complete Panel Information request sheet IRS015

Prior Equipment/Comments: _____

Submit Form

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