



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 Fisher Scientific Sales Representative or email us at FSLab@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 dollys, 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: _____
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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 24 Hours: _____	Estimated Average Duration of Door Openings: _____	
Interior Kick Plate: Select One	Exterior 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: <input type="checkbox"/> Standard Air Cooled <input type="checkbox"/> Water Cooled <input type="checkbox"/> Other			
Location of Condensing Unit: <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		Ambient Temp Range of Refrigeration Equipment: _____ °F	
Humidity Equip: (if controlled) <input type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		Ambient Temp Range: _____ °F	Ambient RH: _____ %
Electrical Service Available on Site:		Is UL Listing Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Approx. Refrigerant Line Length:		Redundant Refrigeration Systems: <input type="checkbox"/> Yes <input type="checkbox"/> 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 complete inter-wiring of all walk-in components (i.e. control panel, evaporator, lights, etc.)?

Should we provide final electrical connection to the building power supply?

Does site have a three phase or single phase power system?

Does the installation team need to be union?

Estimated Date for installation?

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