

ENGINEERS AND MANUFACTURERS OF ULTRA-LOW FREEZERS

Environmental Room Quote Request

Customer/Project Name _____ Quote Due Date: _____

Contact _____ Date Requested: _____

Address _____

Phone Number _____

Fax Number _____

Describe The Room Application _____

The following information is required to complete your quote request:

Size of Room (exterior dimensions LxWxH) _____

Interior finish (check one)

- Galvanized .040 anodized aluminum
- .040 Stucco aluminum
- Baked enamel over 22 gauge steel
- 22 ga Galvanized baked enamel over .040 aluminum
- 22 ga Stainless

Exterior finish (check one):

- Galvanized .040 anodized aluminum
- .040 Stucco aluminum
- Baked enamel over 22 gauge steel
- 22 gauge Galvanized baked enamel over .040 aluminum
- 22 gauge Stainless

Room location (check one)

- Indoors Outdoors

Ambient temperature and humidity where the room will be located:

Min/Max _____°F Min/Max _____%RH

Is a panelized floor desired? Yes No

Is a ramp required? (standard floor is 4" thick so ramps are common w/floors)

- Yes No

Number of doors: _____

Door size (standard door is 36" x 78"): _____" x _____"

Window in the door? Yes No

Required temperature within the room: _____°C

Desired control accuracy (check one): +/-2.0°C +/-1.0°C +/-0.5°C

Required humidity level within the room: (add only if required since it will add cost) _____%RH

Desired humidity control accuracy: (check one if applicable)

+/-10% +/-5% +/-3%

Type of product entering the room: _____

The amount of, and the temperature of, the product entering the room:

_____ pounds at _____ °C (_____ °F)

Is a specific time required for the product to reach the room temperature? _____

If yes, indicate the desired time _____ Hours

Will people be working in the room? _____

If so indicate the number _____, and the total working hours _____ in the room per day.

Will electrical equipment be used in the room? _____

If so, indicate the total watts _____

Estimated number of doors opening in 24 hours: _____

Indicate the time the door will be left open per cycle: _____

If ventilation is required indicate the amount: _____ CFM

The temp/RH of the air being brought: _____ °C (_____ °F) at _____ %RH

Type of lights desired in the room (check one, note incandescent are best for freezers)

Fluorescent Incandescent

Desired light intensity in footcandles: _____

(30 FC is standard for storage, 70 FC is standard for a working area)

Compressor location: (check one):

Indoors Outdoors

Roof of Environmental Room Compressor cooling (check one):

Air cooled Water cooled

Ambient temperature where the compressor will be located: Min/Max: _____ °F

Indicate the type of electrical service available:

_____ Volts _____ Cycle _____ Phase

Options (check the desired items):

- Complete assembly and testing at the factory with printed test results.
- Electrical Receptacles, if yes note the number by the type
_____ 115V _____ 208/1 _____ 208/3 _____ 230/1
- Shelving wire type, if Yes note the number of tiers, width, and linear feet
_____ tiers, _____ x _____ (width x length)
- Microprocessor control with digital air/& product temperature displays, air & product alarms, system mode indicator
- Temperature recorder, records 7 days on a 10" circular chart
- Temperature and humidity recorder, records 7 days on a 10" circular chart
- Ceiling plenum for improved temperature uniformity
- Vinyl mat, resistant to mildew, inorganic acids, oils and grease
- Heavy duty kick plates on the interior and exterior of the door extending up 36"
(recommended for cart traffic)
- Wall panel backing for mounting casework

--- Once completed please send this form to ---

Email: sales@so-low.com | **Fax:** (513) 772-0570
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