1 **PROJECT NAME:**_____ **CUSTOMER:**_____

DEFINE APPLICATION: _____ **DATE:** _____

2 **UNIT CAPACITIES**

complete all CFM:_____ Duct Static (in. w.c.):_____ HP (if known): _____

Voltage: _____

BTU Output:_____ and/or Temp. Rise:_____ Phase: _____

3 **HEAT SOURCE**

Direct Fired Gas: _____

Indirect Fired Gas: _____

Other_____

(Specify Electric SCR, HW, Steam, Non-Heated)

4 **UNIT LOCATION**

choose one

Indoor ☐ Outdoor ☐

Placement (i.e. hung, roof, pad): _____

5 **CONFIGURATION** (circle one)

Vertical:

(direct fired only)

5

Horizontal:

(all models)

6 **UNIT TYPE**

check all that apply

100% OSA Constant Volume:_____

(*complete following sections EXCEPT 9A or 9B)

100% OSA VAV:_____

(*note: for direct fired, do NOT also select 9B)

Re-circulating: _____

(*note: for direct fired, do NOT also select 9A)

7 **TEMP CONTROL**

choose one

Discharge Temp: _____

Room Override: _____

Space Temp: _____

Night Setback:

Y ☐ N ☐

BAS Interface: _____

8 **ACCESSORIES**

check all that apply

Diffuser:_____

Pleated Filters:_____

EZ Kleen Metal Filters:_____

Inlet Hood:_____

Shut-Off Damper:_____

Clog Filter Switch:_____

Hanging Springs: _____

Roof Curb: _____

9A ***VFD CONTROL DEVICE**

choose one

MANUAL POT: _____

STATIC PRESSURE CONTROL: _____

PRESET SPEEDS: _____

BAS CONTROL: _____

9B ***RE-CIRCULATING CONTROL DEVICE**

choose one

MANUAL POT: _____

STATIC PRESSURE CONTROL: _____

2-POSITION: _____

BAS CONTROL: _____

10 **GAS PRESSURE**

7-14" wc:_____

LP or Natural Gas 14" – 1#:_____

IRI Insurance:_____ 1# - 5#:_____

FM Insurance:_____ > 5#:_____

11 **OPTIONAL COOLING**

choose one if desired (available on horizontal series up to 14,200 CFM)

DX Coil ☐ CW Coil ☐ Celdek Evaporative Cooling ☐ Desired LAT:_____

12 **ADDITIONAL NOTES**

(i.e. top supply air discharge, MERV13 high efficiency filters, special considerations, etc.)