



**1 PROJECT NAME:** \_\_\_\_\_ **CUSTOMER:** \_\_\_\_\_  
**DEFINE APPLICATION:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**2 UNIT CAPACITIES**  
 complete all CFM: \_\_\_\_\_ Duct Static (in. w.c.): \_\_\_\_\_ HP (if known): \_\_\_\_\_  
 BTU Output: \_\_\_\_\_ and/or Temp. Rise: \_\_\_\_\_ Voltage: \_\_\_\_\_  
 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)  
 Side Discharge Air Flows Left -> Right  
 Upward Discharge

**5 Horizontal:** (all models)  
 Down Discharge Air Flows Left -> Right  
 Side Discharge Air Flows Left -> Right

**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.)