

Cooling System Sizing Sheet

PLEASE PRINT THIS FORM, FILL IN THE INFORMATION AND FAX TO:925-706-2583

Cabinet Name/Number _____ Company Name: _____

Contact Name: _____

Phone number: _____ Email address: _____

Enclosure Dimensions: Height _____ inches

Width _____ inches

Depth _____ inches

External temperature: Now (F): _____

Internal temperature: Now (F): _____

Maximum external temperature possible: _____

Maximum internal temperature desired: _____

Heat load in watts: _____

Cabinet rating: NEMA 12 ___ NEMA 4 ___ NEMA 4X ___ Other _____

Class, Division and Group: _____

Cabinet vented? Yes ___ or No ___

Enclosure Fans? Yes ___ or No ___ If yes, size ___ CFM ___ Watts ___ BTUH ___

Location of cabinet: Inside ___ or Outside ___

If outside, is cabinet in direct sunlight? Yes ___ No ___

If in direct sunlight, what is the enclosure's color? _____

Any heat source close to panel? _____

Air conditioner mount: Top (roof mount) ___ Vertical ___

Free standing? ___ Wall mounted? ___ Details _____

Cabinet insulated? Yes ___ No ___ If yes, how thick? ___ 6 sides? ___

Are there any clearance issues? _____

Voltage available: 120 volts @ 60 hz. ___ 230 volts @ 60 hz. ___ 220 volts @50 hz. ___

OTHER ISSUES REQUIRED TO ADDRESS: _____

Customer signature: _____

Date: ___/___/___

NOTE: Providing the above information will allow Thermal Edge Inc., Inc. to guarantee the performance of our air conditioning systems.