

COLDWIND Site Survey Checklist

Contact _____
Customer _____
Address _____

Telephone _____ Email: _____

Site address (if different to above) _____

Ambient °C Cold room purpose or product to be stored

Design operating temperature °C

Altitude of building (above Sea Level)

Cold room to be installed on ground/intermediate floor?

With/without insulated floor? Heater mat required?

Product entry temperature °C Required product temperature pull-down time Hrs

Product turnover per 24 hours KGs

If Fruit or Vegetables or General Purpose. Total amount of product to be stored KGs

Number of personnel Time personnel spend in cold room Hrs

Lighting type(s)

Miscellaneous additional sources of energy (Eg Fork Lift) Hours of operation

Defrost Running Load (Hours)

Shelving

Packaged Refrigeration

Evaporator(s)

Condenser/Condensing Unit

Compressor

Electrical supply available Volts Single Phase Three Phase

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