

## COLDWIND Site Survey Checklist

Contact \_\_\_\_\_  
Customer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email: \_\_\_\_\_

Site address (if different to above) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Ambient      °F      Cold room purpose or product to be stored

Design operating temperature      °F

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      °F      Required product temperature pull-down time      Hrs

Product turnover per 24 hours      lbs

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

Number of personnel      Time personnel spend in cold room      Hrs

Lighting type(s)

Miscellaneous additional sources of energy (Eg Forktruck)      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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