

PROJECT DETAILS

ORGANIZATION

COMPANY NAME:

ADDRESS:

CONTACT PERSON:

EMAIL:

PHONE :

TITLE/RESPONSIBILITY:

PROJECT OVERVIEW:

CONDITIONS

	INDOOR CONDITIONS (in °F or °C)		GENERAL DESCRIPTION	
	PRESENT	REQUIRED		
Dry Bulb			Type of activity in space:	
Wet Bulb			# of people:	
RH			Activity performed by people:	
			Year facility was built:	

AREA DETAILS (please complete as much information as possible)

TOTAL AREA (in Feet or Meters)	Length:	Width:	Height:	
DOORS	DOOR 1	DOOR 2	DOOR 3	DOOR 4
Dimension				
Opening frequency/hr & minutes open				
Temp. & RH of adjacent space/outdoors				
IN - SPACE PRESSURE:	Positive <input type="checkbox"/>		Negative <input type="checkbox"/>	
AMOUNT OF MOISTURE GENERATED IN SPACE:				
INTERIOR EQUIPMENT LOAD	KW:		HP:	
TOTAL AIR QUANTITY	CFM:		Lit./Sec. or M ³ /hr. :	
OUTDOOR AIR FLOW (CFM or Lit./Sec. or M ³ /hr.)	EXISTING:		REQUIRED:	
EXHAUST AIR FLOW from Space	EXISTING:		REQUIRED:	
NUMBER of AIR CHANGES	EXISTING:		REQUIRED:	
LIGHTING LOAD (Total KW or Watts/Ft ²)				
CURRENT EQUIPMENT SERVING SPACE (Type/Model #):				
VOLTAGE/PHASE/FREQUENCY:	V /	Ph. /	Hz. /	
ENERGY COSTS (last 2 years):	Actual Monthly/Annual:		Average Monthly:	
"AS BUILT" DRAWINGS AVAILABLE:	Yes		No	