



WALK-IN REFRIGERATION SYSTEM REQUIREMENTS

TO BE COMPLETED BY SALES PERSONNEL

Name _____ Phone _____
 Company _____ Email _____

Refrigerant	
Box Temperature	
Voltage	
Phases	

Length	
Width	
Height	

Box Location	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
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Condensing Unit Location	<input type="checkbox"/> Inside <input type="checkbox"/> Outside
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Outside Ambient Temperature	_____ degrees <input type="checkbox"/> F or <input type="checkbox"/> C
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Floor	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Insulated <input type="checkbox"/> Non-Insulated
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Doors	# _____ Size _____ <input type="checkbox"/> Glass <input type="checkbox"/> Dock
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Wall Insulation	Type _____ Thickness _____ in.
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Lights	# _____ Wattage Ea _____
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Ceiling Insulation	Type _____ Thickness _____ in.
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Product Description

Amount of Product	_____ Lb.
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Entering Product Temperature	_____ degrees <input type="checkbox"/> F or <input type="checkbox"/> C
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Pull Down Time	
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People	# _____
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Usage	<input type="checkbox"/> Normal <input type="checkbox"/> Heavy
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Comments: