



LOAD CALCULATION INFORMATION FORM

Requestor _____ Today's Date _____

Customer location _____ Customer Phone _____

Email: _____

Room Construction Details:

1. Room size: _____ W x _____ L x _____ H
2. Room is With Floor or Less Floor? With Less (Check One)
3. If Room is Less Floor, is Building Floor or Slab Insulated to Nor-Lake Specifications? Yes No
If No, please explain (Type and Thickness of Insulation) _____
4. Room is On Grade or Above Grade: On Above (Check One)
5. Number and Size of the following:
 - A. Walk-In Door(s): # _____; _____ Size(s)
 - B. Glass Door(s): # _____; _____ Size(s)
 - No. of panes per glass door _____

Temperature Details:

1. Required Walk-in Temperature: _____ °F
2. Room Ambient Temperature: _____ °F (*Surrounding Temp of Room*)
3. Walk-in is Located Indoors or Outdoors? _____
4. Room Geographical Location: (*Provide State, Altitude, highest temp during Summer, etc.*) _____

Door Usage Details: (Choose one based on door usage frequency)

Heavy Use Normal Use Long-Term Storage

Describe Door Opening Frequency & Open-Door Duration _____

Product Load Details:

1. Name of Product & Quantity(lbs.): (*Explain in detail*) _____
2. Product Entering Temperature: _____ ° F
3. Product Pull-Down Time (*Time to reduce product temperature to required temperature*): _____ (hrs.)

Miscellaneous:

1. Any information on Occupancy and Lights:

2. System electrical characteristics: _____
3. Any additional information that we should know about:

