



# LOAD CALCULATION INFORMATION FORM

Requestor \_\_\_\_\_ Date \_\_\_\_\_ Due Date \_\_\_\_\_

Customer Name \_\_\_\_\_ Project \_\_\_\_\_

### Room Construction Details:

1. Room Size: \_\_\_\_\_ W x \_\_\_\_\_ L x \_\_\_\_\_ H
2. Room is With Floor or Less Floor?  With  Less (Check One)
3. Room is On Grade or Above Grade:  On  Above (Check One)
4. If Room is Less Floor, is Building Floor or Slab Insulated to Norlake/Master-Bilt Specifications?  Yes  No  
Explain \_\_\_\_\_
5. Room is Norlake/Master-Bilt's 4" Urethane Construction?  Yes  No
6. If Answer to #5 is "No", Specify Construction in Detail (Type and Thickness of Insulation): \_\_\_\_\_  
\_\_\_\_\_
7. Number and Size of the following:
 

A. Walk-In Door(s): _____ #;	Size(s)
B. Service Door(s): _____ #;	Size(s)
C. Truck Door(s): _____ #;	Size(s)
D. Glass Door(s): _____ #;	Size(s)
E. Other Opening(s): _____ #;	Size(s)
8. Glass Door(s):
 

A. Number of Panes per door: _____	
B. Heated	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Unheated	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Temperature Details:

1. Room Temperature: \_\_\_\_\_ °F
2. Room Ambient Temperature: \_\_\_\_\_ °F (Surrounding Temp of Room)
3. Room is Located Indoors or Outdoors? \_\_\_\_\_
4. Room Geographical Location: (Give Details) \_\_\_\_\_  
\_\_\_\_\_

### Usage Details: (Pick Appropriate Application Below & Identify)

1. Institutional, Storage Only, Light Usage, Mild Climate type of Conditions and Application? \_\_\_\_\_
2. Fast Food Chain, Restaurant, Outdoor Room, Warm Climate type of Conditions and Application? \_\_\_\_\_
3. Glass Door Display Room In Convenience Store, Liquor Store or Supermarket type of Application? \_\_\_\_\_
4. Other Application: (Describe Door Opening Frequency and Open Door Duration) \_\_\_\_\_  
\_\_\_\_\_

### Product Load Details:

1. Name of Product: (Explain in detail) \_\_\_\_\_  
\_\_\_\_\_
2. If Mixed Product, Identify Each Product Type in Detail: \_\_\_\_\_  
\_\_\_\_\_
3. Quantity (lbs.) of Each Product Type: \_\_\_\_\_  
\_\_\_\_\_
4. Entering Temperature of Each Product Type: \_\_\_\_\_  
\_\_\_\_\_
5. Amount of Time to Reduce Product Temperature: \_\_\_\_\_ (Hours)

**(Product Load Details - Continued)**

- 6. If Product is Batch Loaded, (staged) Specify the Following:
  - A. Quantity (lbs.) Per Batch & Type of Product:
    - a) Product \_\_\_\_\_; \_\_\_\_\_ Lbs
    - b) Product \_\_\_\_\_; \_\_\_\_\_ Lbs
    - c) Product \_\_\_\_\_; \_\_\_\_\_ Lbs
    - d) Product \_\_\_\_\_; \_\_\_\_\_ Lbs
  - B. Amount of Time Between Batches: \_\_\_\_\_
  - C. Total Number of Batches: \_\_\_\_\_ (Specify) \_\_\_\_\_
  - D. Are All Batches to be cooled in the Time Specified in #5 above?  Yes  No
  - E. Describe Other Cooling Time Requirements (Be Specific): \_\_\_\_\_  
\_\_\_\_\_
- 7. If Product Enters on Carts/Racks/Pallets; Identify the following:
  - A. Type of Material Used to Move Product: \_\_\_\_\_
  - B. Weight of Part Used to Move Product: \_\_\_\_\_ (Lbs.)
  - C. Entering Temperature of Part used: \_\_\_\_\_ °F

**Miscellaneous Load Details:**

- 1. Lights:
  - A. If glass doors are used, are lights included?  Yes  No
  - B. Hours per day lights are used \_\_\_\_\_
  - C. Other lights?  Yes  No If yes, what are the Watts of each \_\_\_\_\_
  - D. Hours per day the other lights are used \_\_\_\_\_
- 2. Electric Motors (Meat grinder, saw, etc.)
  - A. Quantity: \_\_\_\_\_
  - B. Horsepower of each: \_\_\_\_\_ Or Watts of each: \_\_\_\_\_  
or Voltage and Amps of each: \_\_\_\_\_
  - C. Hours of operation per day: \_\_\_\_\_
- 3. Lift Trucks:
  - A. Quantity \_\_\_\_\_
  - B. Battery operated or internal combustion powered? \_\_\_\_\_
  - C. Horsepower, if internal combustion powered \_\_\_\_\_
  - D. Load capacity, if Battery powered \_\_\_\_\_
  - E. Does Lift Truck have a heated cab?  Yes  No
  - F. Hours per day Operating in room \_\_\_\_\_
- 4. Occupants:
  - A. Number of occupants \_\_\_\_\_
  - B. Hours per day occupancy \_\_\_\_\_
  - C. Will ventilation air be required?  Yes  No
  - D. Temperature of vent air \_\_\_\_\_ Cu Ft./Minute of vent air \_\_\_\_\_

**Special Requirement Details:**

- 1. Specific Humidity Needed? \_\_\_\_\_ % Relative Humidity
- 2. Low air velocity?  Yes  No

**Refrigeration System Configuration Details:**

- 1. Condensing unit:  Air cooled  or water cooled
- 2. Condensing unit will be located?  indoors  or outdoors
- 3. Unit cooler style (Low profile, standard profile, etc.) \_\_\_\_\_
- 4. System style (Remote, XII, Quik Pak, etc.) \_\_\_\_\_
- 5. Is system to incorporate Pre-Charged lines?  Yes  No Line set length required \_\_\_\_\_ Ft
- 6. System electrical characteristics \_\_\_\_\_

Note: **Attach a sketch of the room showing dimensions, door location(s) and adjacent cold rooms.**