



Industrial Freezer Sales

A division of IDS

5311 Derry Avenue Building D Agoura Hills CA 91301

Phone (818) 597-4300 Fax (818) 597-4301

www.freezerlink.com

Walk-in Room Quote Request

Your Personal Information

Your Company Name: _____

Quote Due Date: ____ / ____ / ____

Contact Name: _____

Date Requested: _____

Quote Date Due: _____

Contact Phone Number: () _____ - _____

Contact Fax Number: () _____ - _____

Contact Email: _____ @ _____

Ship to Address:

Street _____

Street _____

City _____

State _____ Zip _____

Describe the Room Application:



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Walk-in Room Quote Request (continued)

The following information is required to complete your quote request:

Size of Room (exterior dimensions):

L _____ X W _____ X H _____

Interior finish (check one):

Galfan

22 ga. galvanized

.040 anodized aluminum

Baked enamel .040 aluminum

.040 stucco aluminum

22 Gauge Stainless Steel

Baked enamel over 22 ga steel

Exterior finish (check one):

Galfan

22 ga. galvanized

.040 anodized aluminum

Baked enamel .040 aluminum

.040 stucco aluminum

22 Gauge Stainless Steel

Baked enamel over 22 ga steel

Room location (check one): Indoors Outdoors

Ambient temperature and humidity where the room will be located:

Min/Max temperature of the area _____ to _____ °F

Min/Max Percent Relative Humidity: _____ to _____ %RH

Is a panelized floor desired? Yes or No

Is a ramp required? Yes or No (floor is 4" thick; ramps are common)

Number of doors required: _____

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Door size (standard door is 36" x 78"): _____ X _____

Window in the door? Yes or No

Required temperature within the room: _____ °C

Desired control accuracy (check one):

+/-2.0°C _____ +/-1.0°C _____ +/-0.5°C _____

Required humidity level (Option; will add cost): _____ %RH

Desired humidity control accuracy (if applicable):

(+/-10%) ___ (+/-5%) ___ (+/-3%) ___

Type of product entering the room:

The amount and temperature of product entering the room:

_____ lbs @ _____ °C/°F

Is a specific time required for the product to reach the room temperature?

Yes or No If yes indicate the desired time: _____ Hours

Will people be working in the room? Yes or No

Yes or No How many? _____ Total working hours per day: _____

Will electrical equipment be used in the room? If yes, total watts? _____ W

Estimated number of doors opening (cycles) in 24 hours: _____

Indicate the time the door will be left open per cycle: _____ (mins.)

If ventilation is required indicate the amount:

_____ CFM and Temp/RH of the air brought in: _____ °C/°F @ _____ %RH



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Walk-in Room Quote Request (continued)

Lights: (Incandescent are best for freezers): Yes or No

Fluorescent _____ Incandescent _____

Desired light intensity in foot-candles:

(30 FC avg. for storage, 70 FC avg. work) _____

Compressor location (check one):

Indoors _____ Outdoors _____ Roof of Unit _____

Compressor cooling (check one): Air cooled _____ Water cooled _____

Ambient temp where compressor will be located:

Min/Max: _____ / _____ °F/C

Electrical service available: _____ / _____ / _____ Volts/Cycle/Phase

Options (*check the desired items*):

_____ **Assembly and Test** at the factory with printed test results.

_____ **Elec. Receptacles:** Number: 115V ____ 208/1 ____ 208/3 ____ 230/1 ____

_____ **Shelving, SS or Green;** tiers _____ width _____ length _____

_____ **Microprocessor control with:**

digital air/product temp display ____ air & product alarm ____ mode indicator ____

_____ **Temperature recorder**, records 7 days on a 10" circular chart.

_____ **Temperature and humidity recorder**, 7 days on a 10" circular chart.

_____ **Ceiling Plenum** for improved temperature uniformity.

_____ **Vinyl Mat**, resistant to mildew, inorganic acids, oils and grease.

_____ **36" Heavy Duty Kick Plates** Yes or No

Specify; on interior and exterior of door (recommended for cart traffic).

_____ **Wall Panel Backing** for mounting casework.