

Coolroom Selection Guide



Please complete the following information where applicable, to assist Reece Technical Staff in advising on the selection of suitable equipment for your particular application. Tick boxes where appropriate.

Customer: _____ Date: ___/___/___ Reece Branch: _____

Contact Name: _____ Phone No: (____) _____

Address: _____ Fax No: (____) _____

Account No: _____ Job No: _____

1. Application: _____

2. Room Dimensions: (L) _____ mm (W) _____ mm (H) _____ mm Internal External

3. Insulation Thickness and Type:

Walls: Thickness _____ mm

Ceiling: Thickness _____ mm

Floor: Thickness _____ mm

Insulation Type: Styrene Polyurethane

4. Number, Type and Size of Doors:

Number: _____ Type: Glass Solid

Dimensions: (W) _____ mm (H) _____ mm

5. Desired Room Temperature: _____ °C

6. Maximum Ambient Temperature: _____ °C

7. Preferred Refrigerant: _____

8. a) Type of Product Stored: _____

d) Temperature of Product Entering Room: _____ °C

b) Weight of Product Entering Room Per Day: _____ kg

e) If Packaged, Type of Packaging: _____

c) Total Weight of Product Stored in Room: _____ kg

f) Product Pull Down Time Required: _____ Hours

9. Normal Room Usage: Heavy Medium Light

10. Room Lighting: _____ Watts

Hours/Day: _____

11. Number of People Working in Room: _____

Hours/Day: _____

12. Machinery Operating in Room (eg Fork Lift): Yes No

Hours/Day: _____

13. Are any areas of the room exposed directly to the sun? _____ Yes No

If Yes, provide details: _____

14. Electrical Supply Available: 240V 1PH 415V 3PH

15. Additional information:

Reece can only base their selection advice on the information supplied above and are not responsible if this information is incorrect, missing or changed without notice.

Completed By: _____ Client's Signature: _____