Air Conditioning Evaluation Report

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Name: _____ **Date:** _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Vessel Name: _____ Year: _____

Builder: _____ Hull No. _____

Project Location: _____

Usage: (commercial, pleasure, fish, dive, etc.) _____

☐ New Construction ☐ Refit Model/Capacity _____

Area	Description	Length	Width	Height	Total Cu. Ft.	Engineering Approval Required BTU Factor	BTU Required
#1							
#2							
#3							
#4							
#5							
#6							
#7							
					Total		

Heat Required? ☐ Reverse Cycle ☐ Electric ☐

Generator model/kW: _____ Votage/Hz: _____ Phase _____

Shore Power: 30 Amp ☐ 50 Amp ☐ 100 Amp ☐ Number of cords _____

Please complete the above section of this form and return to your Technicold representative.

Proposed Air Conditioning Components Quote No. _____

Split DX _____ Chilled Water _____ Raw Water Pump GPM _____

Notes: _____

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