



Automatic Load Bank Evaluation Report

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Name: _____ **Date:** _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Vessel Name: _____ **Year:** _____ **Hull No.** _____

Builder: _____

Project Location: _____

New Installation Refit: Brand/Capacity _____

Generators	Model	kW	Hz	Voltage	Phase	Parallel
#1	_____	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____	_____
	Base Load		Max Load			
#1	_____ kW		_____ kW			Example - At dock, or crew only
#2	_____ kW		_____ kW			Example - Crew only in transit
#3	_____ kW		_____ kW			Example - Owner, full charter

Distribution panel drawing available

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

To be filled in by Technicold representative.

Proposed Load Bank _____ Quote No. _____

Linear _____ kW Contactor _____ kW PLC w/Touch Screen

Notes _____

NOTE: Provisions must be made for Load Bank power supply to be available between generators and vessel's main buss. Additional equipment may be required.