

Temperature Control Room Quote Request

Complete Form and Fax to: (626) 334-1704 or Email to: paul@mortechmfg.com

Customer/Project Name: _____ Quote Due Date: _____
 Contact: _____ Date Requested _____
 Phone Number: _____ Fax Number: _____ Email: _____
 Address: _____
 Describe the environmental cold room application: _____

The following information is required to complete your quote request:

Size of Room (Exterior Dimensions): L _____ x W _____ x H _____
 Interior Finish (check one): 26 Ga. Stucco Galvanized .040 Stucco Aluminum Unpainted Mill Finish
 22 Ga. Smooth Galvanized .040 Smooth Aluminum Standard White
 20 Ga. Stainless Steel 22 Ga. Stainless Steel Custom Color
 Exterior Finish: (check one): 26 Ga. Stucco Galvanized .040 Stucco Aluminum Unpainted Mill Finish
 22 Ga. Smooth Galvanized .040 Smooth Aluminum Standard White
 20 Ga. Stainless Steel 22 Ga. Stainless Steel Custom Color
 Room location (check one): Indoor Outdoors
 Ambient temperature and humidity where the cold room will be located Min/Max _____ °F Min/Max: _____ %RH
 Is a standard floor desired? Yes No Is a ramp required? Yes No (standard floor 4" thick so ramps are common w/floors)
 Number of doors: _____ Door Size (standard door is 36" x 78") _____ x _____ Window in the door? Yes No
 Required temperature within the cold room _____ °C
 Desired control accuracy (check one): +/-2.0 °C +/-1.0 °C +/-0.5 °C
 Required humidity level within the cold room (add only if required since it will add cost):
 Required humidity level within the cold room (add only if required since it will add cost) +/-10% +/-0.5% +/-0.3%
 Type of product entering the cold room: _____
 The amount of, and temperature of the product entering the room: _____ lbs. @ _____ °C/°F
 Is a specific time required for the product to reach the cold room temperature? If yes, indicate the desired time: _____ Hours
 Will people be working in the cold room? If so indicate the number _____, and the total working hours in the room per day: _____
 Will electrical equipment be used in the cold room? If so indicate the total watts: _____
 Estimated number of doors opening per 24 hours: _____ Indicate the time the door will be left open per cycle: _____
 If ventilation is required indicate the amount _____ CFM, and the temp/RH of the air being brought into the cold room space _____ °C/°F _____ %RH
 Type of lights desired in the cold room (check one) Fluorescent LED
 Desired light intensity in foot-candles: _____ (30 FC is standard for storage, 70 FC is standard for working area) _____ Hrs. of Operation/Day
 Condensing unit location (check one) Indoors Outdoors Placement _____
 Compressor cooling (check one): Air Cooled Water Cooled
 Ambient temperature where the compressor will be located: Min/Max: _____ - _____ °F
 Indicate the type of electrical service available: _____ / _____ / _____ Volts/Cycle/Phase

Options (check the desired items):

- Electrical Receptacles, if yes note the number by the type: _____ 115/1 _____ 208/1 _____ 208/3 _____ 230/1
- Shelving wire type, if yes note the number of tiers, width and liner feet: _____ Tiers _____ Width _____ Length
- Microprocessor control with: digital air/& product temperature display, air & product alarms, system mode indicator
- Temperature recorder, records 7 days on 10" circular chart
- Ceiling plenum for improved temperature uniformity
- Vinyl mat, resistant to mildew, inorganic acids, oils and grease
- Heavy duty kick plates on the interior and exterior of the door extending up 36" (recommended for cart traffic)
- Wall panel backing for mounting casework