



HEAT LOSS ESTIMATING SHEET

DATE: _____

Answer all questions as completely as possible. Please provide a sketch showing all dimensions and a floor plan with the door and window locations indicated and Fax it to (704) 332-5843

NAME and TITLE: _____

COMPANY: _____

ADDRESS: _____ Phone: _____

Fax: _____

General Building Information

Bldg. Use: _____ Days/Wk: _____ Hrs/Day: _____

Inside Design Temp: _____ °F Outside Design Temp: _____ °F

Gas Type (Natural or LP) _____ @ \$ _____ per Therm or Gallon

Material Storage: _____ Height: _____

Sprinkler System: _____ Height: _____

Crane Location: _____

Clearance Above Crane: _____ Height: _____

Wall Construction

Material & Thickness: _____

Insulation Type & Thickness: _____

Width: _____ Length: _____ Eave Height: _____ Peak Height: _____

Foundation and Floor

Material, Construction & Thickness: _____

Height Extending Above Floor Level: _____

Floor Construction: (Concrete, Wood, Dirt, etc.) _____

Windows

Material: _____ Quantity: _____ Width: _____ Height: _____

Material: _____ Quantity: _____ Width: _____ Height: _____

Doors

Material: _____ Quantity: _____ Width: _____ Height: _____

Material: _____ Quantity: _____ Width: _____ Height: _____

Minutes per hour that doors will be left open: _____

Skylights

Material: _____ Quantity: _____ Width: _____ Height: _____

Roof

Material, Construction & Thickness: _____

Insulation Type & Thickness: _____

Air Changes

Contaminant (e.g., Welding Fumes, Airborne Particles, Degreasing Agents, Freon or other Halogenated Hydrocarbons): _____

Additional Air Changes Required: _____

of Make-up Air Units: _____ @ _____ CFM

of Exhaust Fans: _____ @ _____ CFM or Size & HP: _____

Paint Booth Location: _____ Exhaust CFM: _____ Min. or Hr. _____

Internal Heat Loss or Gain (if applicable)

Heat Gain from Furnaces, Oven, etc.: _____

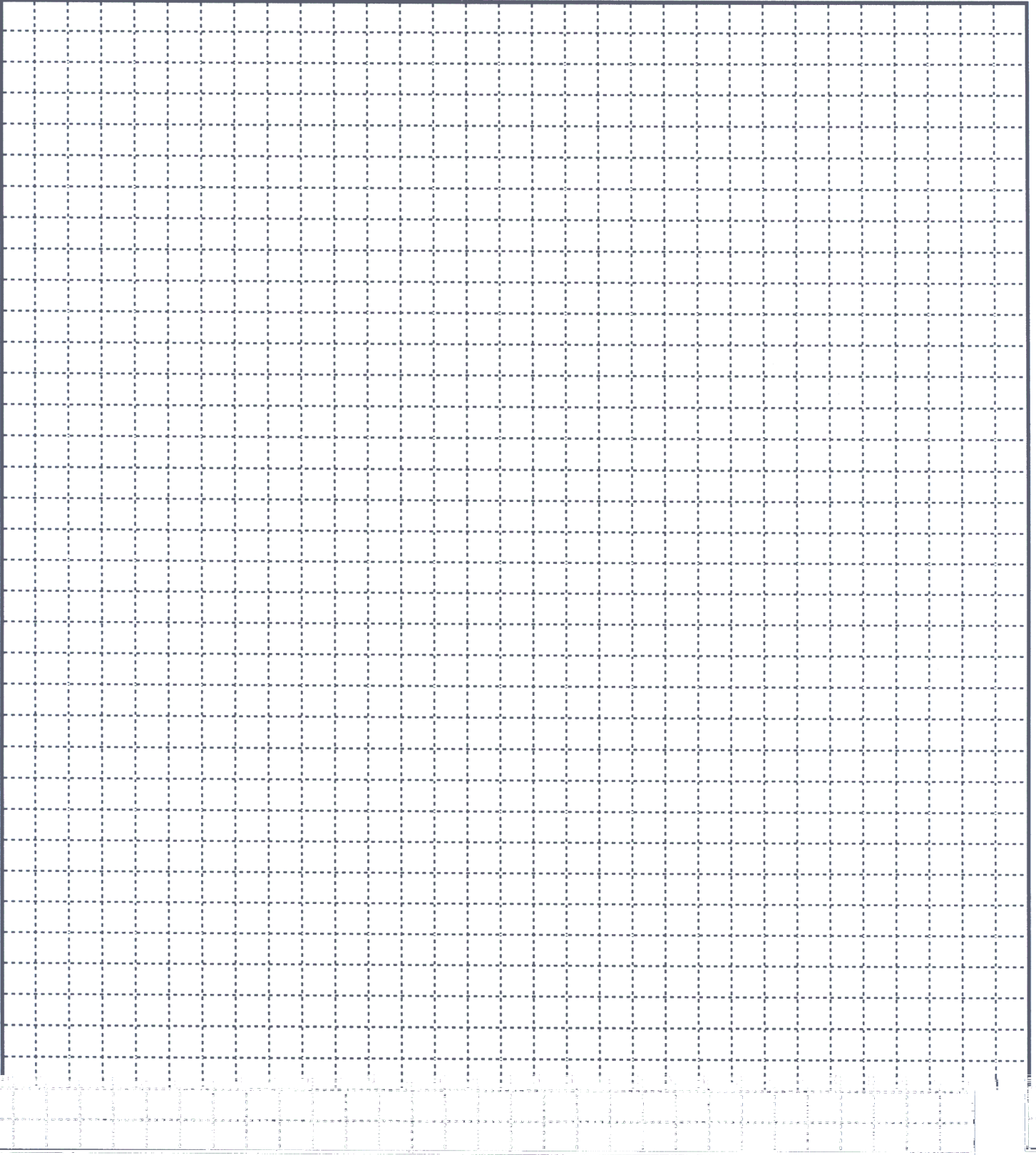
Heat Loss from Incoming Material: _____

Weight: _____ Incoming Temperature: _____

Frequency: _____ Desired Recovery Time: _____ Min. or Hr. _____

SKETCH

(Include all dimensions, door/window locations, eave heights, peak heights, etc.)



Note: If you would like assistance in gas pipe sizing, please indicate meter location and gas pressure.
Please Fax this sketch to Design Assistance Dept at (704) 332-5843 or E-Mail it to info@spaceray.com

Space-Ray

P.O. Box 36485, Charlotte, NC 28236