

FLUID HEATING COIL INQUIRY FORM

Company: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

Capacity

Airflow: _____ lb/hr or _____ SCFM (Standard Air) or _____ ACFM @ _____ °F & _____ psia
Entering Air Temp: _____ °F Leaving Air Temp: _____ °F or _____ Btu/hr
Air Side Pressure Drop: _____ Inches W.C. (Maximum or Approximate Requested)
Fluid Type: Water Ethylene Glycol (____%) Propylene Glycol (____%) Other: _____
Fluid Flow: _____ GPM or _____ lbs/hr
Entering Fluid Temperature: _____ °F & Leaving Fluid Temperature: _____ °F or _____ °F TD
Fluid Side Pressure Drop: _____ Feet W.C. or _____ psig

Airflow Direction

- Horizontal Airflow with Right Hand Connections Vertical Up Airflow
 Horizontal Airflow with Left Hand Connections Vertical Down Airflow

Construction Materials

Tube: _____ O.D. & _____ Wall Thickness Material: _____
Fin: _____ Fins per Inch Material: _____ Thickness: _____
Header Size: _____ Material: _____
Connections: Feed Size & Type: _____ Return Size & Type: _____
 Inlet & Outlet - Same End Connections
 Inlet & Outlet - Opposite End Connections
Case Type: _____ Material: _____ Thickness: _____

Dimensional

Finned Face Size: _____ Fin Height (____ Tubes High) X _____ Fin Length
_____ Rows Deep (in direction of Airflow)
Overall Area Available: _____ High X _____ Wide X _____ Deep in Airflow Direction
 Includes Area for Headers and U-Bends/Tube Ends (not including connections)
 Excludes Area for Headers and U-Bends/Tube Ends (not including connections)