



COLD ROOM SOLUTIONS

3942 Valley Ave., Suite L, Pleasanton, CA 94566
(925) 462-2500 Fax (925) 462-2502

USER QUESTIONNAIRE

Please complete as many of the following questions as possible and return either via fax or email. Please attach any other pertinent information such as drawings or photos you may have - even a simple sketch can help us to get a better idea on how best help you.

- 1) Your name: _____
- 2) Your contact information: _____
- 3) Project name: _____
- 4) Project location: _____
- 5) Application - what will the walk-in be used for?

- 6) Room temperature: _____ ° C ± _____ ° C
- 7) Humidity control? _____ % RH ± _____ % RH
- 8) Room length: _____
- 9) Room width: _____
- 10) Room height: _____
- 11) Room location in building: _____
- 12) Describe type of sheet metal finish required for the insulated panels (see our insulated panel specification for options):

- 13) Number of doors? _____ Size of doors? _____
- 14) Describe type of door(s) - standard, glass, slider?

- 15) Describe type of temperature controls required - basic thermostat, recorder, controller?

- 16) Will personnel be working inside the walk-in? _____
If yes, please give the estimated number of people and duration: _____
- 17) Will you be using any equipment inside the walk-in (i.e. shakers)? _____
If yes, please give description and estimated quantity: _____