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: ___________________ Height: __________

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