

IF REPRESENTATIVE INQUIRY

Firm _____ Sales Engineer _____ Phone _____

Company _____

Address _____

Contact Name _____

Phone: _____ Fax: _____ Cell: _____ Email: _____

**For fast service FAX
this to us at 1-269-
349-1493**

GENERAL INFORMATION

Type/Application MRI Linear Accelerator CT
 PET Scanner Cyclotron

Process Equipment: Mfr: _____ Model: _____

Start-up Required? Yes Preventive Maintenance Contract Req'd? Yes

Required Delivery Date _____

Desired Operating Temperature: _____ °F _____ °C

Ambient Temperature Range: _____ °F _____ °C

Fluid Type: Water/Wtr Glycol Ratio % _____ Eth Prop

Flow Rate _____ GPM@ _____ PSI or _____ LPM@ _____ BAR

Do you require a second pump for 100% redundancy? Yes No

Unit to be located: Indoors Outdoors

Heat Load: At Idle: _____ BTU/HR KW/HR
In Full Operation: _____ BTU/HR KW/HR

Remote Electrical Panel: Yes No

Filter Interface/City Water Switch Over Panel Automatic Manual

Special Configurations: Remote Cond. Blower Mobile/Trailer Design
 Modular Dual Fluid Circ.

Electrical: Volts _____ Phase _____ Hz _____

Refrigeration Unit to be: Air Cooled Water Cooled

Standard Colors are:
Schreiber Models - Indoor and Outdoor: Birch White, Powder Coated
Koolant Kooler Models - Indoor: White Sands; Outdoor: Galvanized Steel

