

SECTION 1

For EXACT replacement chillers, complete this section only.

Model # _____ Serial # _____ MLFB # _____

If Representative Inquiry:

Agency _____ Sales Engineer _____

Phone _____ Email _____

Contact Details

Company: _____ Title: _____

First/Last Name: _____

Address: _____

City, State, Zip: _____

Country: _____

Telephone: _____ Email: _____

Location: _____

 O.E.M. Reseller End User

SECTION 2

General Information (All must be completed in the purple shaded boxed section)

Please tell us a bit about your application:

(e.g. Laser, Machine Tool, Medical, Plastics, Electronics, Welding. Please provide the equipment make and model, specs and cooling requirements for laser or medical applications. Also share any relevant details as to single or dual circuit needs, special tolerances, etc.)

 Indoor or outdoor installation: *Redundant, N+1, Split, Economizer, Hot Air Recover, Blower Duct, etc*

 Distance from process (one way): _____ **Meters** **Feet**

 Location height relative to process? _____
 (e.g. rooftop, balcony, lower level)

 Permissible sound level: _____ db(A)

Air polluted? If yes, please describe: _____

Weight Limit or Size Restrictions? _____

General Information continued (All must be completed in the purple shaded boxed section)

Heat Load

 BTU/HR

 kW

If heat load is unknown, provide:

all spindle motor and pump information from the machine, if machine tool application: light, medium, or heavy stock removal?

or, if the system is in use, and heat load and motor info are unavailable, measure:

temp differential between inlet and outlet of system

or tank temperature at start of day, then in 15 minute increments and provide exact fluid brand and viscosity specifications.

DTS to provide the tank?

 Yes

 No

DTS to provide the pump?

 Yes

 No

Bag or Cartridge Fluid Filter Needed?

 Yes

 No

Strainer Needed?

 Yes

 No

Remote Electrical Panel?

 Yes

 No

Air Filter Required?

 Yes

 No

Desired Operating Temperature:

 °F

 °C

Ambient Temperature Range:

 °F

 °C

 S
E
C
T
I
O
N

2

Electrical:

Voltage

Phase

Frequency

Cooling Type?

 Air-cooled

 Water-cooled

 Available temperature & pressure of cooling water
(for *water-cooled* only):

 °F/PSI

 °C/bar

Type of fluid to be cooled:

 Tap H₂O

 Distilled

 Mix

 Oil

 Water Soluble

 H₂O/ H₂O Glycol Percentage _____

 Ethylene

 Propylene

 Hydraulic Fluid

 DI

MicroSiemens Level (if applicable)

 μS

Brand, Model and SSU if Oil or Hydraulic Fluid or Water Soluble

Special Configurations or Certifications? (Controller, Condensers, UL, CSA, CE)

Laser

Laser Manufacturer, Model and KW

Laser Consumer Conditions (please complete both sections if dual zone/circuits)

Required cooling capacity:	<input type="text"/> BTU	<input type="text"/> kW
Outlet temperature of chiller:	<input type="text"/> °F	<input type="text"/> °C
Temperature stability (±):	<input type="text"/> °F	<input type="text"/> °K
Min/Max Ambient Temperature:	<input type="text"/> °F	<input type="text"/> °C
Min fluid pressure required:	<input type="text"/> PSI	<input type="text"/> bar
Max fluid pressure required:	<input type="text"/> PSI	<input type="text"/> bar
Flow rate required:	<input type="text"/> GPM @PSI	<input type="text"/> LPM@bar

Type of fluid to be cooled: Tap H₂O DI Distilled Mix Other

MicroSiemens Level (if applicable) μS (Describe Mix/Other)

Material used in the fluid circuit of process: (e.g. PVC, ABS, stainless, copper, brass)

SECTION

3

Second Laser Circuit (if applicable)

Required cooling capacity:	<input type="text"/> BTU	<input type="text"/> kW
Outlet temperature of chiller:	<input type="text"/> °F	<input type="text"/> °C
Temperature stability (±):	<input type="text"/> °F	<input type="text"/> °K
Min/Max Ambient Temperature:	<input type="text"/> °F	<input type="text"/> °C
Min fluid pressure required:	<input type="text"/> PSI	<input type="text"/> bar
Max fluid pressure required:	<input type="text"/> PSI	<input type="text"/> bar
Flow rate required:	<input type="text"/> GPM @PSI	<input type="text"/> LPM@bar

Type of fluid to be cooled: Tap H₂O DI Distilled Mix Other

MicroSiemens Level (if applicable) μS (Describe Mix/Other)

Material used in the fluid circuit of process: (e.g. PVC, ABS, stainless, copper, brass)

SECTION 4	MACHINE TOOL	<input type="checkbox"/> Grinding	<input type="checkbox"/> Honing	<input type="checkbox"/> Deep Hole	<input type="checkbox"/> Drilling	<input type="checkbox"/> Turning	<input type="checkbox"/> Milling
	Type of Machining:	If other, please describe: _____					
	Total Spindle HP _____ Total Pump HP _____						
	Stock Removal:	<input type="checkbox"/> Light	<input type="checkbox"/> Medium	<input type="checkbox"/> Heavy			
SECTION 5	Coolant Filtration:	<input type="checkbox"/> Paper Media	<input type="checkbox"/> Cyclone	<input type="checkbox"/> Settling Tank	<input type="checkbox"/> Wedge Wire	<input type="checkbox"/> Paper Media	
	Filtered to _____ microns	<input type="checkbox"/> Centrifugal	Total Filter pump HP _____				
	Reservoir Size in Gallons: _____						

SECTION 6	WELDING	<input type="checkbox"/> Spot	<input type="checkbox"/> Projection	<input type="checkbox"/> Seam	<input type="checkbox"/> Paper Media
	Type of Welding:	If other, please describe: _____			
	Total KVA of Transformers: _____ Total No. of Spots/Min: _____ %Weld Time/Min: _____				
	Parts Positioned: <input type="checkbox"/> Manual <input type="checkbox"/> Automatic				
SECTION 7	Type of Material Welded:	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Carbon Steel	<input type="checkbox"/> Zinc Coated	<input type="checkbox"/> Stainless

SECTION 8	MOLDING	Type of Material Molded: _____ Lbs./Hr _____ Hydraulic HP _____
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SECTION 9	VAPOR DEGREASER	Heat Input _____ Steam: _____ KW: _____
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SECTION 10	PLATING OR QUENCHING	<input type="checkbox"/> Cool solution directly <input type="checkbox"/> Cool solution with water submersed coil KW Heat Input _____
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OTHER Please describe the application:

SECTION 11	Desired Follow-up	Information and pricing required by date: _____
	Expected installation date: _____	