

# HEATING COILS



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CUSTOMER		DATE	
PHONE #		EMAIL	
COMPANY		PLANT LOCATION	
PROJECT			

<b>Media</b>	<input type="checkbox"/> Steam	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Condensate	<input type="checkbox"/> Chilled Water
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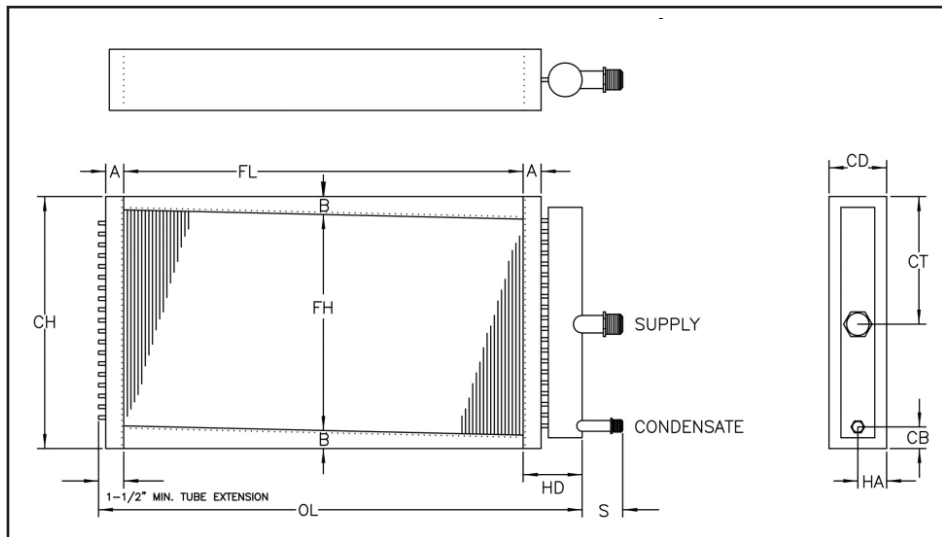
<b>Pressure</b>	PSI	<b>Air Flow Rate (SCFM)</b>	
<b>Incoming Air Temp</b>	°F	<b>Outgoing Air Temp/Heat Rise Desired</b>	°F
<b>Fins/Inch</b>		<b>Fin Material</b>	

<b>Fin Type</b>	<input type="checkbox"/> Corrugated	<input type="checkbox"/> Flat	<input type="checkbox"/> Ripped Edge	<input type="checkbox"/> Straight Edge
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<b> Casting Material</b>	<input type="checkbox"/> Galvanized	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Stainless Steel
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<b>Tube Outer Diameter</b>	"	<b>Tube Inner Diameter</b>	"
<b>Supply Connection Size</b>	"	<b>Supply Connection Type</b>	
<b>Return Connection Size</b>	"	<b>Return Connection Type</b>	

<b>Material Type</b>	<input type="checkbox"/> Copper	<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Aluminum
	<input type="checkbox"/> Carbon Steel	<input type="checkbox"/> Cupro/Nickel	<input type="checkbox"/> Galvanized Steel



FPI	FH	FL	A	B	CH	OL	CD	S	HA	CT	CB	HD

**Notes:**

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 CUSTOMER PRINTED NAME

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 CUSTOMER SIGNATURE