Innovative Air Technologies

Dehumidifier Survey Sheet

Customer:			Date:		
Contact Name:			Phone:		
Job Name/Application:			Fax:		
			E-Mail:		

Conditions:	F°	RH%
Outside Ambient:		
Surrounding Rm Conditions:		
Room Design:		

Room Size:	_____L
	_____W
	_____D

Construction Material:	Note Vapor Barriers
Walls:	
Ceiling:	
Floor:	

Doors:	
Size:	
Openings Per Hour:	
Contaminates In Space?	
Clean Or Dirty Environment?	
Installed Indoor/Outdoor?	

People Load:	
No. Of People:	
Workload:	Light ☐
	Mod ☐
	Heavy ☐
Exhaust Air CFM:	

Internal Moisture Loads:	
Product:	

Fixed Openings: Conveyors, Etc…	
Size:	

Services Available:		
Gas:	Yes ☐	No ☐
Steam:	Yes ☐	No ☐
PSIG:	Yes ☐	No ☐
Electric:	Yes ☐	No ☐
Chilled Water:	Yes ☐	No ☐

Comments:

SEND ANY ADDITIONAL SPECIFICATIONS FOR DESIGN CRITERIA

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