

THERMAL AUDIT FORM

Date: _____ Phone number: _____ Email: _____

Company: _____ Name: _____

Machine #: _____ Application (indoor, outdoor): _____

Enclosure Dimensions (mm): _____ Height _____ Width _____ Depth _____

Enclosures Surfaces Not Allowing Heat Transfer:

Top Bottom Front Back Left Right

Highest Ambient Temperature: _____ °C Lowest Ambient Temp: _____ °C

Desired Inside Enclosure Temp at Highest Ambient Temp: _____ °C

Desired Inside Temp at Lowest Ambient Temp: _____ °C

Amb. Temp, 1 meter from Enclosure: _____ °C Inside Top Enclosure Temp (measured): _____ °C

Internal Heat Load : _____ Watt

A/C Mounting Options: Top Side Door

Cabinet Type Rating: _____ Cabinet material: _____
Operating mode 50Hz 60Hz Certifications: _____

Voltage Options: 115V 230V 460V 3~ Other _____

Water Supply? Yes No Air Supply? Yes No

Interested in Remote access control Yes No

Please send us any picture/drawing of your application.

Notes:

Please fill out the form and send back to peter.bachmann@Vent.com. Missing information will be replaced by assumptions, for this we assume no liability. In case of any questions, contact us: +49 7082 794 745