



HEAT RECOVERY BANK FORM

Customer:	Phone:
Attention:	Email:
Street:	Project:
City, State, Zip:	

Plate Material: 304LSS 316LSS Other _____
 Type of Quotation: Buy Design Budget Bid

Design Conditions	Air/Vapor Side	Laser Panel Side
Medium/Fluid	% Relative Humidity	
Flow Rate	<input type="checkbox"/> ACFM <input type="checkbox"/> SCFM	GPM
Temperature In	°F	°F
Temperature Out	°F	°F
Fluid Properties		
Density* lb/ft ³		
Viscosity* (at avg. temp.) cp		
Specific Heat* Btu/(lb)°F		
Thermal Conductivity* Btu/hr ft°F		

*For fluids other than water or air, properties should be furnished.

Design Pressure: Air/Vapor Side: _____ in H2O Laser Plate Side: _____ psig
 Design Temperature: _____ °F
 ASME Code Stamp: Yes No
 Overall Q if Known: _____ Btu/hr

Duct Information

Space/Opening Restriction: Yes No
 If yes, please specify: _____
 Mounting/Installation: Vertical Horizontal
 Removable Door: Yes No
 Transition Duct: Yes No
 If yes, please specify: Square _____ x _____
 Round _____ Diameter
 Rectangular _____ x _____ x _____

Please provide drawings for sketches if available

Remarks/Application Details