



Heat Recovery Bank Fax Form **HR-FX-1**

Phone No: (940) 723-7125

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E-Mail: platecoil@tranter.com

Date: _____

Customer Information	
Customer:	Phone:
Attention:	Fax:
Street:	E-Mail:
City/ State/ Zip:	Project:

1. Quote Turnaround: Std. Turnaround - 5 Business Days Specified Turnaround _____
2. Coil Material (check one): 304LSS 316LSS Other _____
3. Type of Quotation (check one): Buy Design Budget

Design Conditions	Air/Vapor Side	Platecoil/Econocoil Side
Medium	% Relative Humidity	%
Flow Rate	<input type="checkbox"/> ACFM <input type="checkbox"/> SCFM	GPM
Temperature In °F		
Temperature Out °F		
Pressure Drop Allowable	in H ₂ O	psi
Specific Heat* Btu/(lb) °F		
Specific Gravity*		
Thermal Conductivity* Btu/(hr)(ft)°F		
Viscosity* (at avg. temp)	cp@ °F	cp@ °F
*For fluids other than water or air, properties should be furnished.		

4. Design Pressure (Bank Only): _____ psig
5. Design Temperature (Bank Only): _____ °F
6. ASME Code Stamp (Bank Only): Yes No
7. Overall Q (Heat load) if known: _____ Btu/hr

Other Information:

8. Space/Opening Restriction: Yes No
 If yes, please specify: _____
9. Mounting/Installation: Vertical Horizontal
10. Removable Door: Yes No
11. Transition Duct: Yes No
 If yes, please specify size: Square _____ in. x _____ in. Round _____ in. diameter
 Rectangular _____ in. x _____ in. x _____ in.
12. Marketing Code Automotive Bas Metal Chemical Electrical/Technical Food & Beverage
 HVAC Marine Petro/Gas Pharmaceutical Pulp & Paper
 Renew Fuel Utilities Other

Please provide drawings or sketches if available.

Remarks / Application Details: