

Solaronics Heat Loss Survey

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Building usage (manufacturing, warehouse): _____

Building Location (city and state): _____

Length: _____ Width: _____ Height: _____

All four walls exposed (circle one): YES NO (please indicate warm walls on sketch)

Wall Construction: _____ Insulation type and Thickness: _____

Roof Construction: _____ Insulation type and Thickness: _____

Skylights or Windows, size: _____ sq. ft. Thickness: _____
(Single pane, double pane or in. air space)

Number of Overhead or Sliding Doors: _____ Insulated: YES NO Thickness: _____
On the sketch, show where the doors are located

Floor Construction: _____

Inside Design Temperature: _____ °F
Typical temperature I.R. is 65°F

Fuel Type: Natural Gas or Propane (circle one)

Local Cost of Fuel, of Known, or estimate _____

Please fax information back to:

Solaronics, Inc.

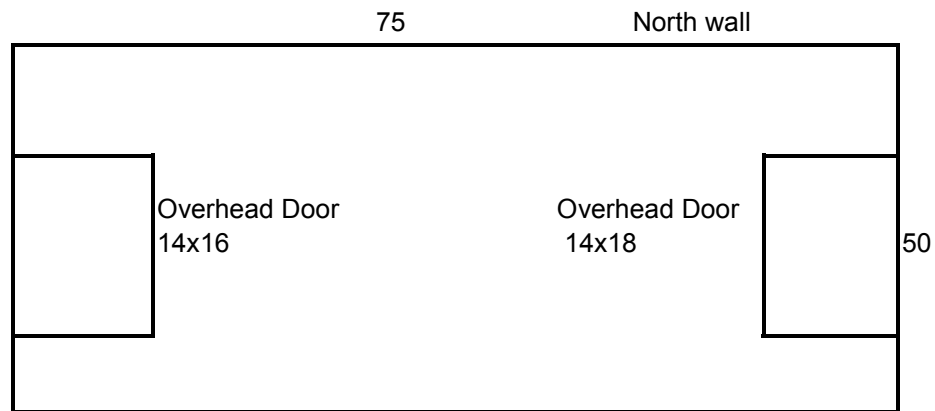
GAS INFRA-RED HEATERS

Name: _____ Company: _____

Phone Number: _____ Fax Number: _____

NOTE: When drawing a Sketch, please identify all overhead and sliding doors, along with the direction of at least one wall the building is facing.

Sample:



Sketch Area: