

No.: DS-434
Date: October, 2005

Rotary Products Inc.

202 East High St. PO Box 370 Ashley Ohio, 43003
Phone #: 1-800-457-5251 Fax #: 740-747-2188



SITE APPLICATION SURVEY

To determine the appropriate air curtain selection, please fill in the following information.

PROTECTION TYPE:

- Climate Control Insect Control Both

OPENING TYPE:

- Retail/Commercial Entry Concessions
 Drive Up Window Dock/Delivery
 Patio Opening Conveyor
 Cooler/Freezer Service/Delivery
 Interior Opening _____
 Other _____

OPENING LOCATION:

- EXTERIOR OPENING
 Installed Indoors
 Installed Outdoors
Windstopping Protection:
 5-10 mph 10-15 mph Other ____ mph
- INTERIOR OPENING
(Little or no outside winds)
Through draft (mph) or temperature difference
between doorways ____ mph _____ °F

NEGATIVE PRESSURE:

- NO
 YES approximate negative _____ FPM

POSITION OF AIR CURTAIN:

- Horizontal Mount (Top of Opening)
 Vertical Mount (On one or both sides of opening)
Not recommended for commercial applications

TYPE OF MOUNTING:

- Top Mount (Ceiling suspension rods)
 Wall Mount Other _____

VOLTAGE SELECTION:

- 120/1/60 208/1/60 240/1/60
 208/3/60 240/3/60 480/3/60
 600/3/60 Other

HEAT:

- None Hot Water
 Electric Indirect Gas Heat
 Steam Direct Gas Heat

SUBMITTED BY

COMPANY

DATE

PROJECT NAME

PROJECT CONTACT

ADDRESS

STATE

ZIP

PHONE

FAX

E-MAIL

SPECIAL NOTES: _____

Check appropriate door type. Please fill in as much dimensional information as possible.

DOOR WIDTH _____ ft. _____ in. DOOR HEIGHT _____ ft. _____ in.

