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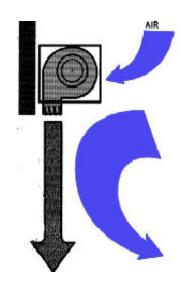
Partitions* Enclosures* Air Doors* Screens Toll Free 1 877 270 3311 Fax 604 656 6485



Air Door Questionnaire

Print copy and fax survey form to 604 656 6485 Name: Company Name: Address: City: Province: _____ Postal: _____ Phone Number: Fax Number: ____-E-mail Address: 1. Actual Door dimensions: _____Width x_____Height **Application** Commercial _____ Bug Control _____ 2. Door Location: Exterior Doorway _____ Interior Doorway _____ Cooler Door Freezer Door 3. Main purpose of Air Door: Temperature Control _____ Dust Control _____ Humidity Control _____ Insect Control _____ 4. Type of primary door: Sliding ____ Swinging ____ Roll-up _____ Vertical Rise _____ Horizontal Rise _____ None ____ 5. Mounting Height of Air Door: _____

6. Headroom above doorway in inches: _____



7. Type of mounting:
Wall Mount Ceiling Suspension Mount
8. Draft conditions through doorway in MPH (estimate):
0 -3 4 - 6 7 - 10 other
9. What noise level in DBA is acceptable?
50 - 60 dBa 60 - 70 dBa 70 - 80 dBa
10. Is there negative pressure in the building?
Yes No
If there is negative pressure, how much in MPH?
11. What voltage is available?
110 v, 1 phase 208/240 v, 1 phase
208/240 v, 3 phase 480 v, 3 phase
12. Exterior Doors Only: What wind do you intend to stop with the Air Door?
5 - 10 MPH 10 - 15 MPH other MPH
13. Is the heating option required?
Yes No
If so, what kind of heating?
Hot water Steam
Electric Indirect Fired Gas
14. How is the Air Door activated?
On/Off switch Automatic Door Switch
Thermostat (heated units only) Other
15. If a motor control panel is required; What type of mount?
Remote Mount Pre-mounted to left side of Air Door unit
Pre-mounted to right side of Air Door unit
16. When do you need the Air Door?