



# HEAT LOSS ESTIMATING SHEET

DATE: \_\_\_\_\_

Answer all questions as completely as possible. Please provide a sketch showing all dimensions and a floor plan with the door and window locations indicated and Fax it to (704) 332-5843

NAME and TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

## General Building Information

Bldg. Use: \_\_\_\_\_ Days/Wk: \_\_\_\_\_ Hrs/Day: \_\_\_\_\_

Inside Design Temp: \_\_\_\_\_ °F Outside Design Temp: \_\_\_\_\_ °F

Gas Type (Natural or LP) \_\_\_\_\_ @ \$ \_\_\_\_\_ per Therm or Gallon

Material Storage: \_\_\_\_\_ Height: \_\_\_\_\_

Sprinkler System: \_\_\_\_\_ Height: \_\_\_\_\_

Crane Location: \_\_\_\_\_

Clearance Above Crane: \_\_\_\_\_ Height: \_\_\_\_\_

## Wall Construction

Material & Thickness: \_\_\_\_\_

Insulation Type & Thickness: \_\_\_\_\_

Width: \_\_\_\_\_ Length: \_\_\_\_\_ Eave Height: \_\_\_\_\_ Peak Height: \_\_\_\_\_

## Foundation and Floor

Material, Construction & Thickness: \_\_\_\_\_

Height Extending Above Floor Level: \_\_\_\_\_

Floor Construction: (Concrete, Wood, Dirt, etc.) \_\_\_\_\_

## Windows

Material: \_\_\_\_\_ Quantity: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Material: \_\_\_\_\_ Quantity: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

## Doors

Material: \_\_\_\_\_ Quantity: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Material: \_\_\_\_\_ Quantity: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

Minutes per hour that doors will be left open: \_\_\_\_\_

## Skylights

Material: \_\_\_\_\_ Quantity: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_

## Roof

Material, Construction & Thickness: \_\_\_\_\_

Insulation Type & Thickness: \_\_\_\_\_

## Air Changes

Contaminant (e.g., Welding Fumes, Airborne Particles, Degreasing Agents, Freon or other Halogenated Hydrocarbons): \_\_\_\_\_

Additional Air Changes Required: \_\_\_\_\_

# of Make-up Air Units: \_\_\_\_\_ @ \_\_\_\_\_ CFM

# of Exhaust Fans: \_\_\_\_\_ @ \_\_\_\_\_ CFM or Size & HP: \_\_\_\_\_

Paint Booth Location: \_\_\_\_\_ Exhaust CFM: \_\_\_\_\_ Min. or Hr. \_\_\_\_\_

## Internal Heat Loss or Gain (if applicable)

Heat Gain from Furnaces, Oven, etc.: \_\_\_\_\_

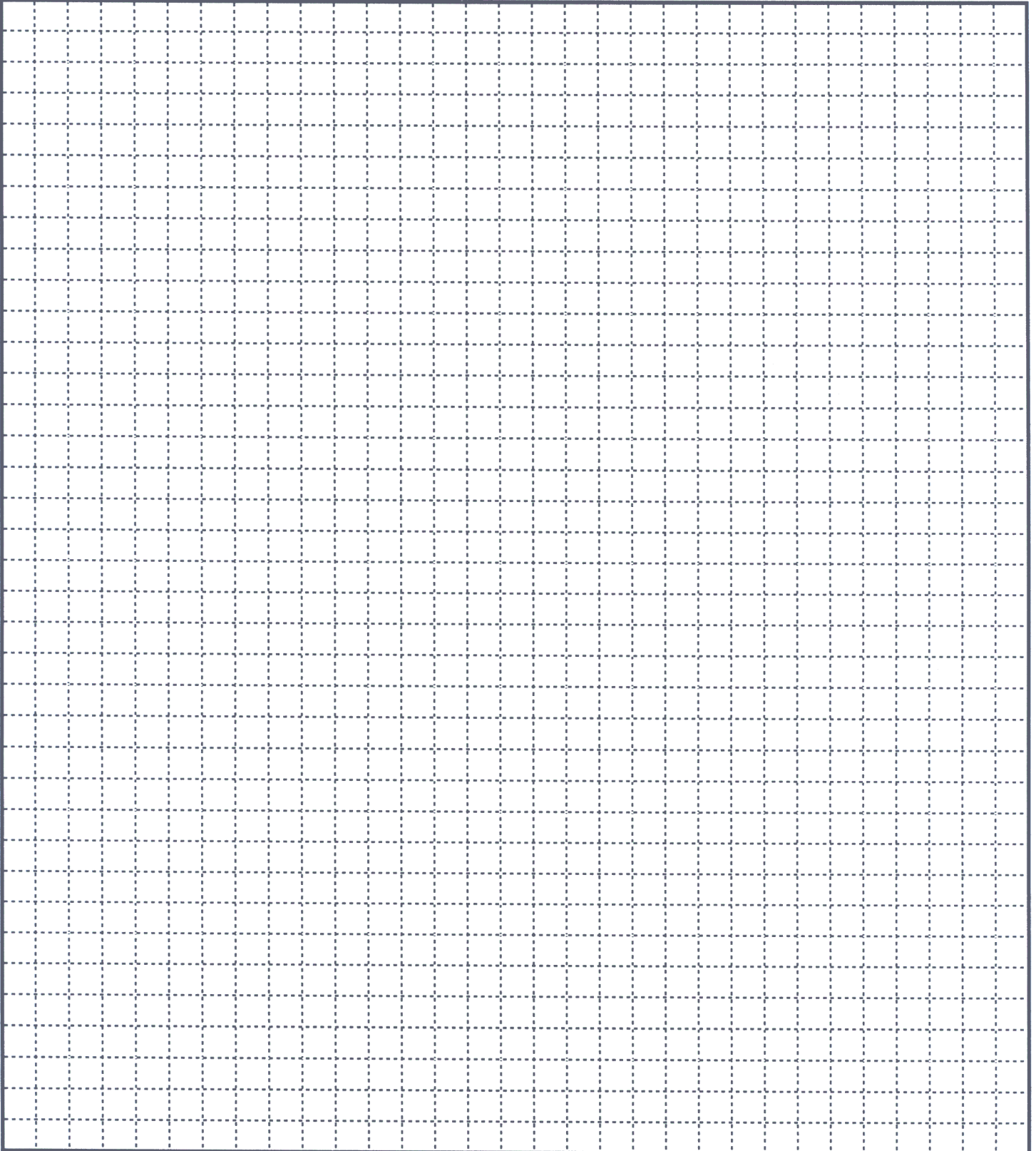
Heat Loss from Incoming Material: \_\_\_\_\_

Weight: \_\_\_\_\_ Incoming Temperature: \_\_\_\_\_

Frequency: \_\_\_\_\_ Desired Recovery Time: \_\_\_\_\_ Min. or Hr. \_\_\_\_\_

## SKETCH

(Include all dimensions, door/window locations, eave heights, peak heights, etc.)



Note: If you would like assistance in gas pipe sizing, please indicate meter location and gas pressure.  
Please Fax this sketch to Design Assistance Dept at (704) 332-5843 or E-Mail it to [info@spaceray.com](mailto:info@spaceray.com)

**Space-Ray**

P.O. Box 36485, Charlotte, NC 28236