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The proper selection of a dehumidifier for your application is relatively straightforward *IF* you have the required moisture removal capacity is known. The team at **Quest** has provided this inquiry sheet to assist you in determining the latent load of your targeted space. Please assist us by filling out these forms to the best of your ability will all applicable information.

When filling out this form:

- Include as much information as you can obtain
- For unknown or unobtainable information, include a fair estimate or state "unknown"
- Write "NA" if not applicable

Provide all information for peak design hour or when the issue is worst Information on individual filling out this form: Organization's name: Contact person: Project reference name: Phone: Email: Information on project owner/location: Organization's name: Contact (if needed): **Project Address:** City: State: Zip: Phone: Email: Issue Description: Provide a description of the humidity issue and what is needed to consider the issue resolved. Include any background, previous solutions attempted, or suggestions on how the issue may be resolved.



INQUIRY FORM

Equipment Selection Request:

If equipment capacity, return air conditions, and/or desired set-points are known, fill out this section and return to Quest:

Dehumidifier classification:				
Return air (incoming air to unit) conditions (Temp/RH):	5			
Moisture removal capacity [ppd or lb/hr]:				
Desired supply air (leaving air from unit) a humidity (gr/lb):	bsolute			
Electrical options (V/ph/hz):				
Single or multiple units desired:				
Regeneration air conditions (if desiccant):				
Installation questions:				
Install by contractor or owner?				
Ducted or unducted?				
Desired control options? (e.g onboard, wal				
dehumidistat, Building Management Syste	m)			
Additional information (e.g. specific unit desired):				
Facility/Room Description: Provide a description of the room(s) with the	ne humidity is:	sue:		
Area/height to be controlled (W x L x H):				
Outside design conditions (°F / RH):				
Targeted space conditions (°F / RH):				
Current space conditions (°F / RH):				
Wall's construction material*:				
Floor construction material*:				
Are any of the walls exterior walls?		Yes:	No:	
No. of exterior walls:				
Additional information:				

^{*} e.g. (Brick 4", Concrete, Plaster on Metal Lath, Hardboard, Plywood, etc.)



INQUIRY FORM

Occupants:		
Number of people in this area (pea	ık time):	
Description of area/activity		
Daily occupancy hours:		
Activity/Activity level*:		
Additional information:		
* e.g. (spectator, sitting at d	esk, light work,	heavy lifting, athlete)
Process:		
Describe moisture generating prod	cess*:	
Estimate of peak hourly latent loa	d [lb/hr]*:	
If hourly latent load unknown, ple	ase provide the	following info:
Initial product weight:		
Final product weight:		
Time between weighing:		
Describe combustion engine equip space (e.g. fork trucks):		
Describe open sources of combust (unvented)**, include gas consum		
Additional information:		1

^{*}e.g. (manufacturing product, drying product, cooking, steam)

^{**}e.g. (Bunsen burner, unvented gas range, unvented heater)



INQUIRY FORM

Facility Operation/HVAC System Desci	ription:				
Describe the HVAC system for the roo (type of system, temp/RH of air delive other zones it serves):					
Does the room include exhaust from fume hood, range hood, or other devices?		Yes:	No	o:	
Provide CFM exhausted:					
Describe the source of make-up air and how it is introduced. If it is conditioned, provide temp/RH: Does the ventilation system supply outside air for		Yes:	No	n.	
ventilation purposes? Provide CFM and entering air conditions (or state if it is run through A/C coil prior to entry):		103.		<i>.</i>	
Daily hours HVAC system operates:					
Infiltration/Other: Ambient Temperature Doors:					
Are the doors opened to the weather o	utside?	Yes:		No:	
Do you use Airlock Vestibule?		Yes:		No:	
Do you use strips for the doors?		Yes:		No:	
Door 1 dimensions (W x H):		Open tir	Open time (Min/Hr):		<u>. </u>
Door 2 dimensions (W x H):		Open tir	Open time (Min/Hr):		
Cold Storage Doors and Convey Please provide this information of greater than 20°F. Conditions on the warm side of door (°	for every door bet	ween two space	es at temperatur	e differe	nces
Conditions on the cold side of door (°F					
Door dimensions (W x H):		Door P valu	ie (if known):		
# of times door opened/hour		Door R value (if known): Time door is open per opening [seconds]			
Describe any additional door protectio curtain, double horizontal air curtain)	n (strip curtain, ai	r			
Open Gas Flame:					
Do you use open gas burners in the ro	Do you use open gas burners in the room?		No:		
Gas firing rate (cu.ft./hr):			•	•	
					· <u> </u>



INQUIRY FORM

Cracks:			
Are there any cracks through the walls?*	Yes:	No:	
Crack 1 dimensions (W x H):			
Air Infiltration Rate 1 (cu.ft./hr):			
Crack 2 dimensions (W x H):			
Air Infiltration Rate 2 (cu.ft./hr):			
*e.g. (Loading Dock doors, Door Frames, Ductwork	, etc.)		
Combustion engines:			
Please describe any fuel powered engines used in the space:			
Open Pool/Water on Surface:			
Conditions of air in the room (°F / RH or Dewpoint):			
Water surface temperature (°F):			
Area of pool surface/puddle/standing water:			
If significant air movement over water, please describe (e.g. light breeze, strong wind, fan):			
Other: Provide any other information that is pertinent to	this inquiry:		
Company Signature			

Name:

Signature:

Date: