

PROPRIETARY AND CONFIDENTIAL
THE INFORMATION CONTAINED IN THIS DRAWING IS THE
SOLE PROPERTY OF CARNOT REFRIGERATION. ANY
REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE
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PROPRIETAIRE ET CONFIDENTIEL
LES INFORMATIONS CONTENUES DANS CE DESSIN SONT LA
PROPRIETE LEGALE DE CARNOT REFRIGERATION. TOUTE
REPRODUCTION EN PARTIE OU EN TOTALITE SANS LA
PERMISSION ECRITE DE CARNOT REFRIGERATION EST INTERDITE.

DO NOT SCALE DRAWING
NE PAS MESURER LE DESSIN

UNLESS OTHERWISE SPECIFIED:
SI NON MENTIONNE:

DIMENSIONS ARE IN INCHES
LES DIMENSIONS SONT EN POUCES

GENERALE INFORMATION		
Name of representative :	Customer :	
Site address :		
Site address :	Name :	Phone # :
	Email :	
Refrigeration contractor :		
Contractor contact :	Name :	Phone # :
	Email :	
Beginnig of work date:	End of work date:	
Delivery date	Start up date:	
Limitation d'espace pour l'installation des machines? (If yes specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Design pressure (Bar) (Low pressure side)	40 <input type="checkbox"/>	45 <input type="checkbox"/> 60 <input type="checkbox"/>

VARIOUS TO PROVIDE			
Cabinet parts:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rooms evaporators required: Yes <input type="checkbox"/> No <input type="checkbox"/>
Condensing units	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Mechanical room evaporators : Yes <input type="checkbox"/> No <input type="checkbox"/>
Refrigerant type:	_____		Armflex insulation thickness (Standard : 3/4" pipe, 1" tank) _____ Inch.
Capacity:	_____ kW		
Power required: 208-230/3/60	<input type="checkbox"/>	208-230/1/60	<input type="checkbox"/>
Generator to supplies:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expansion valve and case control : Yes <input type="checkbox"/> No <input type="checkbox"/>
Capacity:	_____ kW		CO ² detector Yes <input type="checkbox"/> No <input type="checkbox"/>
Gas (propane, natural gas):	_____		Sécurisation des circuits (Check valves): Yes <input type="checkbox"/> No <input type="checkbox"/>
Duplication of controls valves : (If yes specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Start up assistance: Yes <input type="checkbox"/> No <input type="checkbox"/>
Duplication of controls : (If yes specify)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Coordination visit Yes <input type="checkbox"/> No <input type="checkbox"/>
Control Manufacturer : (Micro-thermo, Carel, Danfoss)	_____		Training for refrigeration technician Yes <input type="checkbox"/> No <input type="checkbox"/>
Warranty Parts (duration) : _____ years			Liquid subcooler : Yes <input type="checkbox"/> No <input type="checkbox"/>
Warranty labor (duration) : _____ years			Hot gas defrost : Yes <input type="checkbox"/> No <input type="checkbox"/>
			Accelerated passive defrost Yes <input type="checkbox"/> No <input type="checkbox"/>

ELECTRICITY AND CONTROLS	
Power supply (V / ph / Hz)	
Neutral system (Europe)	
Short -circuit power (KA)	
Panel lighting	Yes <input type="checkbox"/> No <input type="checkbox"/>
Panel ventilation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency switch	Yes <input type="checkbox"/> No <input type="checkbox"/>
Main switch	Yes <input type="checkbox"/> No <input type="checkbox"/>
Electrical outlet	Yes <input type="checkbox"/> No <input type="checkbox"/>
Existing electrical input with limitation ? (If yes specify)	Yes <input type="checkbox"/> No <input type="checkbox"/> _____ Amp.

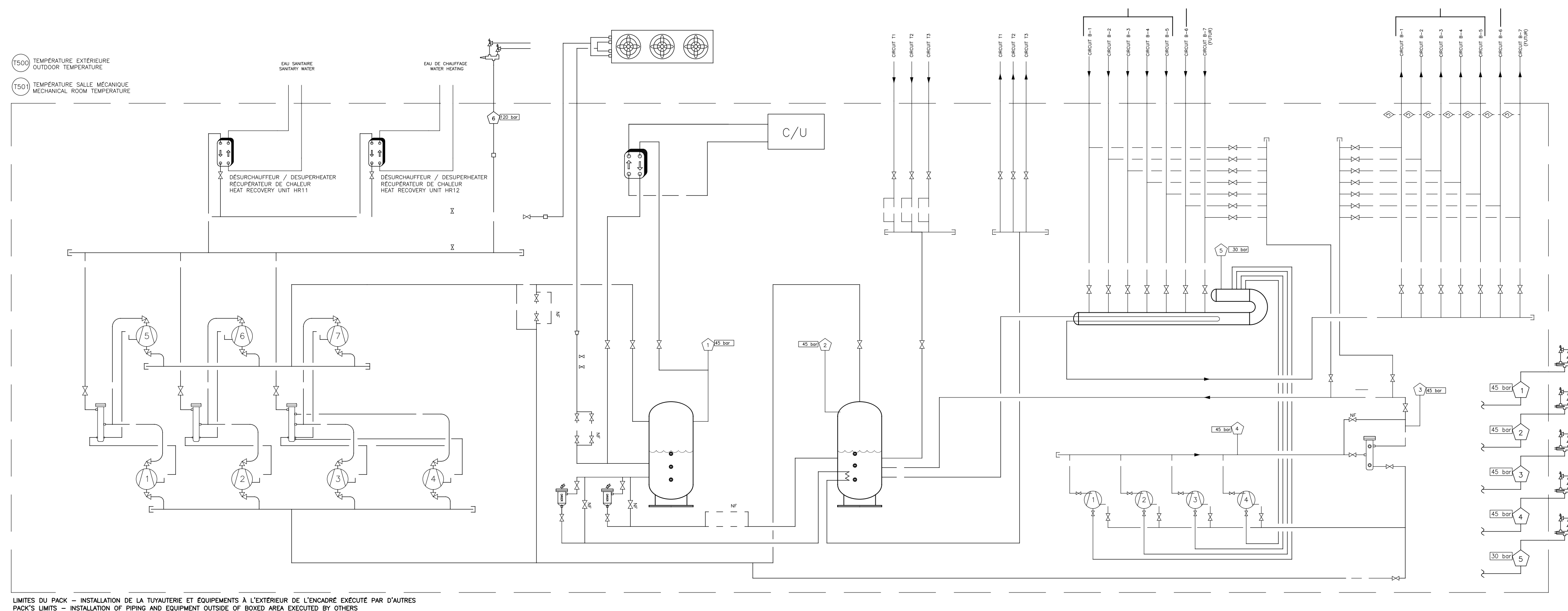
COMMENTS	

FILES TO BE PROVIDE BY THE REPRESENTATIVE
(.dwg drawings)

Plans and ventilation quote	<input type="checkbox"/>
Plans and electrical quote	<input type="checkbox"/>
Plans and refrigeration quote	<input type="checkbox"/>
Schedule of refrigeration	<input type="checkbox"/>

COMPRESSORS	
Asked manufacturer :	
Amount Min. / Max. :	
Speed variator: Specified if yes, quantity and location	Yes <input type="checkbox"/> No <input type="checkbox"/>

GAS COOLER	
Type:	
Condensing temp. (°C / °F.)	
Outside temp. (°C / °F.)	
Max noise level. (DB):	
Manufacturer :	
Drive, EC motor , etc.:	
Installation	Roof <input type="checkbox"/> Ground <input type="checkbox"/> Other <input type="checkbox"/>



LIMITES DU PACK – INSTALLATION DE LA TUYAUTERIE ET EQUIPEMENTS A L'EXTERIEUR DE L'ENCADRE EXECUTE PAR D'AUTRES
PACK'S LIMITS – INSTALLATION OF PIPING AND EQUIPMENT OUTSIDE OF BOXED AREA EXECUTED BY OTHERS

COIL (direct recovery)							
#	Description	Capacity (Btu/hre)	Max pressure drop. air (po H2O)	Flow (CFM)	Inlet temp. (°C / °F)	Outlet temp. (°C / °F)	Dimensions: L x H (Inch.)

HEAT EXCHANGER (SANITARY WATER / WATER HEATER / GLYCOL / BRINE / AMONIA / OTHER)					
#	Description	Capacity (BTU/Hour)	Flow (GPM / CFM)	Inlet temp. (°C / °F)	Outlet temp. (°C / °F)

Material to use on high pressure lines	<input type="checkbox"/> Stainless steel TUBE
	<input type="checkbox"/> Stainless steel PIPE
	<input type="checkbox"/> Carbon steel PIPE

**CONSULTATION
CUSTOMER**

00	2014/04/28	Material to use on high pressure lines	MR	
00	2014/01/06	PRELIMINAIRE	MR	
No.	DATE	REVISION	PAR BY	

Name
City

PROJET PROJECT	DESSIN DRAWING	REVISION REVISION
S00	R01D	01
TITRE: TITRE:	Schéma de réfrigération Refrigeration Schematic	
ECHELLE SCALE	N/A	DATE(AA.MM.JJ.) DATE(YA.MM.DD.) 16.01.06
DESS. PAR DRAWN BY	Martin Roy	
VERIFIE PAR CHECKED BY	Tommy Dolbec ing.	