



SPACE DEHUMIDIFICATION SURVEY SHEET

Date _____	Customer _____	What is the type of dehumidification required?
Contact _____	Phone _____	Process air only <input type="checkbox"/> Condition Space <input type="checkbox"/> Provide air to existing AHU <input type="checkbox"/>
Job Name & Location _____		Is Bry-Air required to provide cooling? Yes <input type="checkbox"/> No <input type="checkbox"/>
Application _____		If yes, indicate here: Makeup Air / Inlet <input type="checkbox"/> Supply <input type="checkbox"/> Space <input type="checkbox"/>
Date Quote Req'd _____	Date Equip. Req'd _____	What is the cooling method to be used? DX <input type="checkbox"/> CHW <input type="checkbox"/>
Instructions _____		If DX, is Bry-Air to supply the condensing unit? Yes <input type="checkbox"/> No <input type="checkbox"/>
		What is the precision of design conditions required?
		RH <input type="checkbox"/> ±7% <input type="checkbox"/> ±5% <input type="checkbox"/> ±2% Temp <input type="checkbox"/> ±7% <input type="checkbox"/> ±5% <input type="checkbox"/> ±2%

CONDITIONS	°FDB	°FWB	GR/LB	%RH	MAKE-UP AIR (OUTSIDE AIR)						
OUTDOOR AMBIENT					CFM	°FDB	°FWB	INDUCTION THROUGH			
SURROUNDING SPACE								DEH <input type="checkbox"/>	AHU <input type="checkbox"/>		
CONTROLLED SPACE DESIGN					EXHAUST AIR CFM						
ROOM SIZE _____ L _____ W _____ H _____ FT ³					CONTAMINATES						
CONSTRUCTION					FILTERS REQUIRED						
	MATERIAL	THICKNESS	TYPE V. P.		LOCATION	30%	45%	65%	95%	CLEANABLE	DISPOSABLE
WALLS					PROCESS INLET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALLS					MAKE-UP AIR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CEILING					PROCESS OUTLET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOOR					REACT INLET	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOORS					STATIC PRESSURES REQUIRED						
	TYPE	WIDTH	HEIGHT	OPENINGS/HR	INLET		OUTLET		EXTERNAL		
QTY					PROCESS			<input type="checkbox"/> 1.5"	Other		
QTY					REACT			<input type="checkbox"/> 0.75"	Other		
QTY					INTERNAL SENSIBLE LOADS (IF TOTAL KNOWN, ENTER DIRECTLY IN FIRST LINE)						
FIXED OPENINGS (CONVEYORS, WINDOWS, ETC.)					TOTAL	BTUH					
QTY	WIDTH	HEIGHT	DEPTH	USAGE	LIGHTS	WATTS					
PEOPLE					MOTORS	DRIVEN IN	OUT		H.P.		
NO.	TYPE OF WORK				MATERIALS	°F	S.H.		LBS/HR		
	LIGHT <input type="checkbox"/>	MODERATE <input type="checkbox"/>	HEAVY <input type="checkbox"/>		OTHER						
OTHER PRODUCT OR MOISTURE LOADS					INSULATION						
LBS/HR <input type="checkbox"/>	GR/HR <input type="checkbox"/>				WALLS	TYPE	THICKNESS	U FACTOR (1/R factor)			
LBS/HR <input type="checkbox"/>	GR/HR <input type="checkbox"/>				CEILING						
OPEN WATER					FLOOR						
	SQ. FT.	°F	VELOCITY OF AIR								
			FPM								
DEHUMIDIFIER OPTIONS REQUIRED					SERVICES AVAILABLE						
WEATHERPROOFING	Y <input type="checkbox"/>	N <input type="checkbox"/>	UL LISTED PANEL	Y <input type="checkbox"/>	N <input type="checkbox"/>	ELECTRIC	Volts/	Phase/	HZ		
PROCESS FAN	Y <input type="checkbox"/>	N <input type="checkbox"/>	CASSETTE ONLY	Y <input type="checkbox"/>	N <input type="checkbox"/>	STEAM	PSIG				
HEATING	TYPE		AMOUNT		HOT WATER	°F	GPM	PSIG			
HUMIDIFICATION	TYPE		AMOUNT		GAS	Natural <input type="checkbox"/>	Propane <input type="checkbox"/>	@	BTU/CU.FT.		
PIPING & CONTROLS	COOLING <input type="checkbox"/>	STEAM REACTIVATION <input type="checkbox"/>				WATER	°F	GPM	% Glycol	PSIG	
	HEATING <input type="checkbox"/>	HUMIDIFICATION <input type="checkbox"/>				REFRIGERATION	Type	@	BTUH		