



HVLS Application Survey Form

Date:		
Customer Name:		Facility Location: (include full address)
Type of Application:	Type of Airflow:	Type of Fan:
Indoor:	Summer Comfort:	Industrial:
Outdoor:	General Airflow:	Direct Drive:
Indoor with open sides:	Destratification:	Commercial:
Facility Information	Slope Information	Area Information
Length:	Peak Height:	Length:
Width:	Exterior Wall Height:	Width:
Height:		
Obstruction Information:		
Exhaust Fans:	HVAC Systems:	HVAC Ducting:
Ceiling:	Discharge:	Yes:
Wall:	Return:	No:
Fire Breaks:	Overhead Cranes:	Racking:
Yes:	Yes:	Yes:
No:	No:	No:
Water Pipes	Hanging Lights:	High Speed Fans:
Yes:	Yes:	Yes:
No:	No:	No:
Facility Offices near the fans:	Heaters:	Type of Heater:
Yes:	Yes:	
No:	No:	