



**FAX BACK TO: 01206 794065**

**DATA FOR AIR HANDLING UNIT SELECTION**

*If you would like to discuss with applications/design engineer please do not hesitate to  
**Telephone 01206 505129/50134 or email tech@imofa.co.uk***

**Your References:** Project: ..... Unit: .....

**Please circle selected option throughout form**

**BUILDING:** school-college / hospital / retail stores / commercial kitchen /  
offices / swimming pool / cleanroom / manufacturing facilities  
Other: .....

**APPLICATION:** Supply Air Only - Supply/Extract - Supply/ Extract Heat Recovery  
Other .....

**BUILDING SPACE LIMITATIONS**

Width(m) ..... Length(m)..... Height(m) .....

*N.B. Unit dimensions will be selected to give good service access*

**AIR PERFORMANCE**

Supply Air: Volume Flow .....m<sup>3</sup>/s External Static Pressure .....Pa

Extract Air: Volume Flow .....m<sup>3</sup>/s External Static Pressure .....Pa

**FAN TYPE:** Centrifugal / Plug / No preference

**Frequency Inverter Control:** Yes / No

**FILTRATION**

Prefilter: G4 / F5 / washable / none / recommend

Main Filter: G4 / F5 / F6 / F7 / F8 recommend

Absolute(HEPA) filters: H10 / H11 / H12 / H13 /H14 / none / recommend

Other Filters: .....

**HEAT RECOVERY:** Yes/No

**(If Yes) Method :**

Plate Heat Exchanger / rotary heat wheel / run around coils / no preference / other :

Air on temperature ..... °C

Min. Efficiency ..... % / not specified



**Data for Air Handling Unit Selection (contd)**

Project Ref: ..... Unit Ref..... *(circle selected option)*

**HEATING**

Preheating: None / LPHW / electric / gas / steam  
Air on temperature .....° C. Air off temperature .....°C

Main Heating: LPHW / electric / gas / steam  
Air on temperature .....° C. Air off temperature .....°C

(If LPHW) water temps: ..... °C / Not known  
Do you wish to consider use of Heat Pump: Yes / No

**COOLING**

Method: Chilled water / DX refrigerant / none

Air on Temp: Dry Bulb ..... °C, Wet Bulb .....° C  
Air off Temp: Dry Bulb ..... °C, Wet Bulb .....° C

(If chilled water) Water Temps: 6°/12° , other .....°C / Not known

(If DX coil) Refrigerant : ..... / Not known  
Evaporation Temp: .....°C. / Not known

**SOUND LEVELS**

Are there any unit sound level targets ( in duct and/or radiated): Yes / No  
(If Yes) please specify indicating whether Sound Power Levels or Sound Pressure Levels  
A full sound level spectrum will be provided for the unit selected.

**ADDITIONAL INFORMATION**( Any additional requirements/comments you would like to add - attach additional sheet/ drawings etc if required)

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**For ongoing communication on this selection**

Name : ..... Tel No: .....

Company: ..... email: .....