



## WALK-IN LARGE PROJECT SURVEY

Please complete this questionnaire and email it to:  
[sales@percival-scientific.com](mailto:sales@percival-scientific.com); fax it to: (515) 465-9464;  
or mail it to:

Percival Scientific, Inc.  
505 Research Drive  
Perry, IA 50220

Thank you for the information and we will follow-up with you shortly.

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Project Name

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Estimated Completion/Installation Date

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Name of Contact Person

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Company/Institution

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Address

City/State/Zip Code

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Telephone

Fax

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E-mail

## CHAMBER PURPOSE/USE

- Plant Growth    Tissue Culture    Incubator    Product Storage    Animal Holding
- Other \_\_\_\_\_

Plant Type(s)/Description of Research:

## CHAMBER DESCRIPTION

### SIZE:

External Dimensions \_\_\_\_\_ W in. x \_\_\_\_\_ L in. x \_\_\_\_\_ H in.

Work Area \_\_\_\_\_ ft<sup>2</sup>/m<sup>2</sup>   Shelf Dimensions \_\_\_\_\_ W in. x \_\_\_\_\_ L in.

Growth Height \_\_\_\_\_ in/cm   Tiers/Levels \_\_\_\_\_

### FINISH - Walls/Ceiling/Floor:

Floor  Required (4.25" urethane insulation)    Not Required

### TEMPERATURE RANGE:

\_\_\_\_\_ °C to \_\_\_\_\_ °C to with lights on

\_\_\_\_\_ °C to \_\_\_\_\_ °C to with lights off

+/- \_\_\_\_\_ °C

## RELATIVE HUMIDITY CONTROL

Yes  No

### Basic ranges (15-30°C):

\_\_\_\_\_ % RH to \_\_\_\_\_ % RH with lights on

\_\_\_\_\_ % RH to \_\_\_\_\_ % RH with lights off

\_\_\_\_\_ % RH constant at \_\_\_\_\_ °C

## LIGHTING

\_\_\_\_\_  $\mu\text{moles}/\text{m}^2/\text{sec}$  @ 6" from the lamps at 24°C

\_\_\_\_\_  $\mu\text{moles}/\text{m}^2/\text{sec}$  @ 36" from the lamps

\_\_\_\_\_  $\mu\text{moles}/\text{m}^2/\text{sec}$  @ \_\_\_\_\_ from the lamps

\_\_\_\_\_ working light only

## LIGHT CONTROL

Dimmable lighting required  Yes  No

## CO<sub>2</sub> CONTROL

Yes  No

\_\_\_\_\_ % CO<sub>2</sub> to \_\_\_\_\_ % CO<sub>2</sub>

\_\_\_\_\_ PPM CO<sub>2</sub> to \_\_\_\_\_ PPM CO<sub>2</sub>

## LABORATORY WORKING REQUIREMENTS

Describe equipment/apparatus to be used in chamber:

**Please provide additional details (BTUs, watts or HP, etc.)**

Will people work in the chamber? (Please describe number, frequency and length of time):

## INSTALLATION SITE INFORMATION

Building Type  New  Existing  Renovation

Size of space available for chamber W in. \_\_\_\_\_ L in. \_\_\_\_\_ H in. \_\_\_\_\_

Space  Air Conditioned  Non Air conditioned

If Non Air conditioned, describe ambient temperature \_\_\_\_\_

Loading dock available?  Yes  No

If yes, describe an restrictions to truck size this dock can receive:

If no, describe where we will be unloading and any restrictions to truck size:

Freight Elevator available?  Yes  No

Which type of condensing unit do you prefer?  Water-cooled  Air-cooled

What floor/level of the facility will the condensing unit be located: or, will it be located outside on a concrete pad? Please describe:

Where, in relation to the chamber, will the condensing unit be located? (Please describe and include distance):

Is circulating chilled or cooling tower water available?  Yes  No

Is demineralized, distilled or RO water available?  Yes  No

Are floor drains available?  Yes  No

Building limitations (doorways, overhead duct, pipe, columns). Please describe: