

Customer Information

Job Name: _____ Address: _____ City: _____ State: _____ Phone: _____

Store #: _____ Employee Name: _____ Fax#: _____ Phone: _____

NOTE: Information on rooms must be filled out completely. Do not leave any boxes blank.

Heat Loss Calculation Information

(Please circle correct response)

***Important when faxing, please fax both sides of Survey Sheet**

Room Name	Height* (Feet)	Width (Feet)	Length (Feet)	Lineal Ft. Exposed Walls	Sq. Ft. of Glass	Area Heated Above	Area Heated Below	Number of Exposed Walls	Remarks/ Comments/ Additional Information Entryway? (size)/ Skylights? (size)
#1						Y/N	Y/N	0 1 2 3	
#2						Y/N	Y/N	0 1 2 3	
#3						Y/N	Y/N	0 1 2 3	
#4						Y/N	Y/N	0 1 2 3	
#5						Y/N	Y/N	0 1 2 3	
#6						Y/N	Y/N	0 1 2 3	
#7						Y/N	Y/N	0 1 2 3	
#8						Y/N	Y/N	0 1 2 3	
#9						Y/N	Y/N	0 1 2 3	

*For Cathedral Ceilings use the average height of the room.

(Please circle correct response)

Are the above rooms an addition to the existing house? Y/N If yes, how much baseboard is in the existing house: _____ Lin. Ft.

Exposed Wall Construction: _____ Insulation Type: Walls _____

Window Type: __ Single __ Single W/ Storm __ Double Glazed __ Triple Glazed Ceilings _____

Cellar: Rm. Number(s) _____ Footage Below Grade: __ Ft. Footage Above Grade: __ Ft. Slab Floor: Rm. Number(s) _____

Type of domestic Hot Water: __ Tank-less Coil __ Amtrol Boiler-Mate® __ Separate Water Heater __ Undecided, Please Suggest

Type of fuel: __ Fuel Oil __ Natural Gas __ Liquid Propane Gas (Bottled Gas)

Method of Boiler Venting: __ Natural Draft (Chimney) __ Power-Vent (Using a fan system to vent through a side wall)

Type of Heating System: __ Forced Hot Water __ Steam __ Gravity Hot Water