



Please Note: The information supplied on this form will form the basis of our quotation. TISS cannot accept responsibility for any design failures as a result of all the below information being not supplied. Please enter the detail as requested below to the best of your knowledge, precise detailed specifications will be incorporated by our expert design engineers for final approval.

Name			Enquiry Date			
Client Address:			Site Address:			
Contact:			Email Address:			
Tel No:			Mobile:			
Primary purpose of use						
Room Dimensions: "mtrs"			W	x D	x H	
Number of Doors:			Personnel	Equipment		
Door Dimensions: Equipment			W	x D	x H	
Door Dimensions: Chamber			W	x D	x H	
Number of Windows			Portrait:	Landscape:		
Access Hatch			[Yes - No]			
Flooring Finish (Colour if known)					Altro Code:	
Chamber Location i.e. [Ground, 1 st , 2 nd , other]			Please simply enter any information or known specific requirements to assist our preliminary system design Any information required but not known will be discussed prior to any offer being made.			
Construction Type [Internal - External]						
Entrance Lobby / Air Lock						Yes or No
Existing Building						Yes or No
New Build						Yes or No
Adjustable Velocity	Yes - No		Min	Max	Mtr/Sec	
Airflow stability – over space			±	m/s		
System Controls Required [Yes - No]			Temp	Cooling	Humidity	
					Oxygen	
					CO2	
Temperature Range:			From	°C	To	
					°C	
Humidity Range:			From	%	To	
					%	
Altitude Simulation - Hypoxic Range:			From	Mtrs	To	
					Mtrs	
Specified maximum Noise "db" Levels			Evap	Condenser	Compressor	
					Air Flow	
Number of persons at rest:						
Number of persons in training:						
Internal Heat Sources: i.e. Equipment			KW			





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Lighting Type (Enter Preferred style) Fluorescent - LED D/Lighter - Dimmed					
Internal / External Finishes					
Through Wall Ports	100mm	Qty	66mm	Qty:	
Other Special Requirements': Please indicate...	Power requirements / restriction's:				

