

# You cannot decide?

Help us to recommend you the suitable product by filling in our checklist as completely as possible and send it to us.

**We will contact you as soon as possible!**



Adobe Stock/116781

## Checklist Stationary warm air generators

### 1 Your contact details

Company: .....

Contact person: .....

Address: .....

Phone: ..... E-Mail: .....

### 2 Your object

☐ Production hall\* ☐ Storage hall ☐ Showroom ☐ Tent ☐ .....

Year of construction .....

What is produced/stored in this hall? .....

#### Room size (room volume in m<sup>3</sup>)

Length (m) ..... Width (m) ..... Eaves line (m) ..... Roof ridge (m) .....

Gates: ..... Number ..... Used often: ☐ yes ☐ no

Building insulation: ☐ good ☐ poor ☐ none or k-value ..... W/m<sup>2</sup>K

#### Temperatures

Outside temperature: ..... °C

Desired room temperature: ..... °C

### 3 Our product

Do you wish a power recommendation by Kroll? ☐ yes ☐ no

You can also indicate your desired heating power: ..... kW

#### Device version

Installation: ☐ in the room which needs to be heated ☐ in a separate room/heating room

Mounting: ☐ standing on the floor ☐ wall mounting ☐ hanging

Version: ☐ upright standing ☐ lying

Air intake: ☐ Recirculation air ☐ Mixed air ☐ Fresh air

Air outlet: ☐ freely blowing ☐ Duct system

Accessories: ☐ Standing rack ☐ Wall mounting brackets

Other: .....

### 4 Energy source/combustible

☐ Fuel ☐ Natural gas ☐ LPG

☐ Other: .....

### 5 Combustion air

☐ from inside

☐ from outside ☐ Wall ☐ Roof

### 6 Control

☐ Room thermostat ☐ Clock thermostat ☐ Day/Night automatic ☐ Control box by the client

### 7 Ceiling fans

☐ yes ☐ no

Control: ☐ direct ☐ in combination with S/SC

### 8 Flue gas chimney

☐ inside, via roof ☐ outside, laterally via roof

### 9 Other – please add additional information to object/situation on site by drawings, sketches, photos etc. !

#### Unit purpose

☐ new installation ☐ as replacement (please indicate technical details of the existing installation)

