



Armstrong Hot Water Group
 221 Armstrong Blvd.
 Three Rivers, MI 49093
 Phone: (269) 279-3602
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The Brain™ Installation Details Form (IDF)

We are unable to enter purchase orders into the system or guarantee delivery dates without a technically accurate and fully completed IDF.

The review and acceptance of the information on the IDF by Armstrong:

1. Approves the order for processing which triggers an e-mail confirmation
2. Indicates that AHWG supports you by endorsing the application
3. Initiates the warranty
4. Delivers a complete, AHWG supported performance guarantee to the final user of the product
5. Drives the relevant point of specification/influence, point of installation and point of order financial allocation if appropriate

Section 1, Ordering Processing/Tracking Detail:

Point of Order (Sold To): _____
(eg: ABC Mechanical)

City: _____ State: _____ Rep Firm: _____

Point of Installation: _____
(eg: Mercy Hospital)

City: _____ State: _____ Rep Firm: _____

Point of Specification: _____
(eg: DEF Consulting Engineers)

City: _____ State: _____ Rep Firm: _____

Other Influence: _____
(eg: point of installation recommended product to point of specification)

Section 2, Product Technical Detail:

1. Model Number: _____

2. Inlet Hot Water Temperature and Pressure: _____ °F _____ PSI

3. Inlet Cold Water Temperature and Pressure: _____ °F _____ PSI

4. Recirculation System Temperature: _____ °F

5. Please select one of the following: Primary DHW Loop or Secondary/Sub DHW Loop

6. Flow Rate at Maximum Simultaneous Demand: _____ GPM

7. Pump Size in GPM: _____ GPM
(If supplied by others)

PACKAGE REFERENCE INFORMATION

Reference Drawing # _____ Package Model # _____
 (Drawing Included With Quotation if Provided)

List any non standard variations: _____