



Armstrong International—Humidification Group

816 Maple Street, Three Rivers, Michigan 49093 - U.S.A. Phone: (269) 273-1415 • Fax: (269) 273-9500

PressureFog™ Installation Details Form (IDF)

We ask that this form accompanies every PressureFog™ request. This does not pertain to repair parts purchase orders.

REPRESENTATIVE: _____ DATE: _____

PO# _____ JOB NAME: _____

Point of Order (Sold To): _____

City: _____ State: _____ Rep Firm: _____ (eg: ABC Mechanical)

Point of Installation: _____

City: _____ State: _____ Rep Firm: _____ (eg: Mercy Hospital)

Point of Specification: _____

City: _____ State: _____ Rep Firm: _____ (eg: DEF Consulting Engineers)

Other Influence: _____

(eg: point of installation recommended product to point of specification)

Number of Fogging Systems Required: _____

Water Supply is: R.O. D. I. Water Supply Pressure at Humidifier: _____

PSI Constant: No Yes Building Automation System (BAS) Present No Yes

Signal: 4-20mA 0-10Vdc Other

Air Handler Unit (AHU) Application:

- a) AHU CFM: _____
- b) AHU Type: Economizer: _____ Constant Volume: _____ VAV: _____ Makeup _____
- c) Fog Chamber Dimensions: _____ W _____ H _____ L _____
- d) Preheat Available? _____
- e) Fog Chamber Location: _____
- f) Minimum % of Outside Air: _____ Maximum % of Outside Air: _____
- g) Desired Space DB/WB Set Point: _____ %
- h) Entering Air DB/WB Conditions (into AHU) _____
- i) Leaving Air DB/WB Conditions (supply form AHU) _____
- j) Entering Air DB/WB Conditions (into fog chamber) _____
- k) Leaving Air DB/WB Conditions (leaving fog chamber) _____
- l) AHU Control is: Discharge Temp. Enthalpy Mixed Air Other

Area Application

- a) Total Area Volume: _____
- b) Ceiling Heights: _____
- c) Air Changes/Hour: _____
- d) CFM Outside Air: _____
- e) CFM Exhaust Air: _____
- f) Desired Space DB/WB: _____
- g) Outside Air DB/WB: _____
- h) Type of space to be humidified: _____
- i) Please attach a drawing (layout) of the area.