

TECHNICAL DESIGN QUESTIONNAIRE

Ventilation

Company Name:	<input type="text"/>	Account Number:	<input type="text"/>
Contact Name:	<input type="text"/>	Address:	<input type="text"/>
Contact Number:	<input type="text"/>		
Contact Email:	<input type="text"/>		
Enquiry Date:	<input type="text"/>	Postcode:	<input type="text"/>

RTM Brand:	<input type="text"/>	Branch:	<input type="text"/>
	<input type="text"/>	Branch Contact:	<input type="text"/>
	<input type="text"/>	Branch Tel No:	<input type="text"/>
	<input type="text"/>	Branch Email:	<input type="text"/>

Project Name:	<input type="text"/>		
Project Status:	<input type="text"/>	Project Address:	<input type="text"/>
	<input type="text"/>		
	<input type="text"/>		
		Project Postcode:	<input type="text"/>

Year of Construction:	<input type="text"/>	Building Type:	<input type="text"/>
Average Room Height:	<input type="text"/>	Total Floor Area:	<input type="text"/>
Air Tightness (If Known):	<input type="text"/>	Assumed Air Tightness:	<input type="text"/>

System Type:	<input type="text"/>	Preferred Unit:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Preferred Unit Location:	<input type="text"/>	Summer Bypass:	<input type="text"/>

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Sensor Selection:

Wet Room Type

Sensor/Switch Type

Intermediate Floor Construction:

Services Void Depth:

Joist Type:

Can joists be cut/drilled for duct routes?:

Joist Dimensions:

Obstructions:

Preferred Duct System:

Manifold Locations:

Fresh air intake Location:

Exhaust air Extract Location:

Locations for duct to rise between floor levels:

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