

Date: _____

Name: _____

Company: _____

Job Name: _____

Job Location: _____

John J. Morgan Co.

1413 Thompson Ave.
South St. Paul, MN 55075
Telephone (651) 698-0089
Fax (651) 698-6967



Equipment Specifications:

Circle One: Indirect Fired/Direct Fired/Steam/Hot Water/Electric

C.F.M. _____

E.S.P. _____

Voltage _____

Entering Air Conditions _____

Hot Water Units Ethylene Glycol or Propylene Glycol. What Percentage? _____

Outdoor/Indoor _____

Unit Configuration _____

Hood Yes/No

Filter Size _____

Intake/Discharge Damper/Low Leak _____

Discharge Diffuser- 2, 3, or 4-Way _____

Unit Function _____

HP _____

Insulated/Uninsulated/Painted _____

Temperature Rise _____

Gas Pressure _____

Curb/Stand/Unit Support By Others_____

Gas Control_____

Sequence of
Operation_____

Please List Misc. Options Below:

Please Attach any Written Specs or Applicable Information