



Modine Direct Fired MAU Worksheet



Unit Application	<input type="checkbox"/>	100% Makeup Air	<input type="checkbox"/>	Heating & MUA		
Unit Configuration	<input type="checkbox"/>	Horizontal	<input type="checkbox"/>	Vertical		
Discharge	<input type="checkbox"/>	Horizontal (Straight)	<input type="checkbox"/>	Downturn (Bottom)	<input type="checkbox"/>	Vertical (Top)
Location	<input type="checkbox"/>	Indoor	<input type="checkbox"/>	Outdoor w/ Rainhood	<input type="checkbox"/>	Painted - Yes or No
Rating	<input type="checkbox"/>	CFM	<input type="checkbox"/>	Temp Rise or MBH Input	<input type="checkbox"/>	External Static
Filters	<input type="checkbox"/>	Permanent	<input type="checkbox"/>	Farr Aeropleat III	<input type="checkbox"/>	Farr 30/30
Dampers	<input type="checkbox"/>	Inlet	<input type="checkbox"/>	Outlet	<input type="checkbox"/>	None
Supply Voltage	<input type="checkbox"/>	Voltage	<input type="checkbox"/>	Phase		
Motor Type	<input type="checkbox"/>	ODP - Standard	<input type="checkbox"/>	TE	<input type="checkbox"/>	High Efficiency
Gas Type	<input type="checkbox"/>	Natural	<input type="checkbox"/>	Propane	<input type="checkbox"/>	Gas Pressure PSI / "WC
Gas Control Type	<input type="checkbox"/>	Duct Sensing	<input type="checkbox"/>	Room Sensing	<input type="checkbox"/>	DDC / 4-20mA or 0-10 VDC
Insurance	<input type="checkbox"/>	IRI Standard (ETL)	<input type="checkbox"/>	FM w/ Restriction		
Add. Safety Switches	<input type="checkbox"/>	None	<input type="checkbox"/>	Low & High Gas Press.		
Control Access Side	<input type="checkbox"/>	Right Hand - Standard	<input type="checkbox"/>	Left Hand	<input type="checkbox"/>	Looking into Inlet End (FA)
Roof Curb (Flat Roof Only)	<input type="checkbox"/>	Yes - 14" or 24"	<input type="checkbox"/>	No	<input type="checkbox"/>	Stand for Vert. Unit 24", 48" or 72"
Service Door Interlocks	<input type="checkbox"/>	None	<input type="checkbox"/>	Blower / Burner / Piping / Electrical or ALL (Circle Needed)		

Options & Accessories

Customer Info:

Pillow Block Bearings	<input type="checkbox"/>	Control Relay DPDT	<input type="checkbox"/>
3 or 4 Way Discharge Louver	<input type="checkbox"/>	Vibration Isolation	<input type="checkbox"/>
Extended Grease Line	<input type="checkbox"/>	Disc - Field or Factory	<input type="checkbox"/>
Timed Freeze Protection	<input type="checkbox"/>	Smoke Detector	<input type="checkbox"/>
Mild Temp Stat	<input type="checkbox"/>	Fire Stat	<input type="checkbox"/>
E/F Interlock Terminals	<input type="checkbox"/>	Room Override Stat	<input type="checkbox"/>
Service Receptacle	<input type="checkbox"/>	Circuit Analyzer	<input type="checkbox"/>

Date: _____

Distributor: _____

Distributor Contact: _____

Job Name: _____

Contractor: _____

Quote will be based on the information supplied on this form so please answer and complete all questions.



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