

EVO SWIMMING POOL HEAT LOAD EVALUATION

Fax completed form to: 03 6274 1100 or email admin@southernair.com.au

Pool Builder		Date	
Telephone	Mobile: _____ Bus: _____	Fax	_____
Customer	_____		
Pool Address	_____		
Telephone	_____	Fax	_____
Commercial Pool? (Y/N)	_____		

Outdoor Pool Data			
Pool Shading	None <input type="checkbox"/>	Minor <input type="checkbox"/>	Major <input type="checkbox"/>
Wind Exposure	Sheltered from wind <input type="checkbox"/>	Normal Suburban <input type="checkbox"/>	High Wind <input type="checkbox"/>

Indoor Pool Data			
Room Size	Length <input type="checkbox"/>	Width <input type="checkbox"/>	Height <input type="checkbox"/>
Insulation (R Value) Walls/Roof _____			
Does Room have Ventilaton Fans? (Y/N)	If yes >		Ventilation Rate (air changes per hour) _____
Does Room have Space Heating? (Y/N)	If yes >		Space heating set temp Operating _____
Space heating set temp Non Operating	Space heating months	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	

Pool Surface Area m2	_____	Pool Volume litres	_____	Pool Swim Temp	_____
Spa Surface Area m2	_____	Spa Volume litres	_____	Spa Swim Temp	_____
Pool Cover	None <input type="checkbox"/>	Used when closed	<input type="checkbox"/>		
Cover Type	Bubble <input type="checkbox"/>	Thermal	<input type="checkbox"/>	Remco	<input type="checkbox"/>
Pool Colour	Light <input type="checkbox"/>	Dark	<input type="checkbox"/>		
Pool Usage	Swimmers/day <input type="checkbox"/>	Cover Off Time	_____	Cover On Time	_____ *24hr time format
Pool Location	Aboveground <input type="checkbox"/>	Inground	<input type="checkbox"/>		
Pool Features	Blade Waterfalls(m2) _____	Wet Edge (M2)	_____	Infinity Edge (m2)	_____ Bubblers (qty) _____

Heat Pump Operation Times		Day Only	_____	24hrs	_____
Pool Heating Months		Delete months heating not required:	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec		
Solar heat boosting?	Y/N	<input type="checkbox"/>	Solar Set Temperature	_____	
Collector Type	Black tube/Evacuated tube/Solahart type		Roof Type	Metal / Tile	
	Collector Surface Area (m2)	_____	Collector orientation	N NE E SE S SW W NW	
Power available	Single Phase (240V)	<input type="checkbox"/>	Three Phase(415V)	<input type="checkbox"/>	
Electricity Costs	Peak c/kWh	_____	Off Peak c/kWh	_____	Shoulder c/kwh _____

Other notes/comments
