



Thermal Transfer Products
 5215 21st Street, Racine, WI. 53406
 Phone: (262) 554-8330
 Fax: (262) 554-8536
 Engineer Fax: (262) 554-9384
 www.thermaltransfer.com
 Email: ttpeng@thermasys.com

PERFORMANCE REQUIREMENTS
AIR/OIL MOBILE HEAT EXCHANGERS
(Radiator Mount Type)

Contact Name: _____ Telephone: _____ Date: _____
 Company Name: _____ Fax: _____
 Address: _____ Email: _____
 Type of Application: _____

Heat Load: _____ (HP) or (BTU's/Hr.) or (KW)
 or System (HP) or (KW) _____

Heat Exchanger Location: Return Line
 (Check One) Off Line (Kidney Loop)
 Other: _____

Performance Conditions:

Fluid: _____ SSU: _____ at _____ °F
 CP: _____ at _____ °C

Flow Rate: _____ GPM or Liter/min.

Maximum Oil Temperature (Inlet Temp): _____ °F or °C

Maximum Allowable Pressure Drop: _____ PSI or Bar

Operating Pressure: _____ PSI or Bar

Cooling Air Flow: _____ SCFM or SFPM

Cooling Air Temperature: _____ °F or °C

General Information:

Special Material Requirements: _____

Other Requirements: _____

Envelope Size:

