

Freeze Questionnaire

For Budget Quote complete these items * For a Firm Quotation, field verify and complete ALL ITEMS

Date _____

*Your Company Name: _____

Billing Address: _____ *City _____ *State _____ *Zip _____

*Contact Name: _____ *Office Phone: _____ Cell: _____

Fax #: _____ *Email address: _____

How should we send a Proposal? Fax# or Email? _____ Will a Subcontract Agreement be required? _____

Job Name: _____

Job Address: _____ *City _____ *State _____ *Zip _____

Purpose of Freeze _____

*Nominal Pipe Size(s) _____ *Total # of Ice Plugs Required _____

*Pipe Material (steel, copper, ductile, other-please fill in) _____

*Feet of straight pipe where freeze jackets are to be placed? _____

*System type (e.g. Chilled Water, Fire Sprinkler, Fuel Oil, Domestic Water, Glycol) _____

*Job is to be completed on (day / night / Sat. / Sun. & approx. start time)? _____

How many hours will the ice plugs need to be held? _____

Number of Vertical Ice Plugs _____ Number of Horizontal Ice Plugs _____

Elevation of piping? _____ How close together will the freeze jackets be in relationship to one another? _____

How close will cutting & welding be to ice plugs? _____

What floor is work on? _____ Is there an elevator to floor level of work for Dewars? _____

A Dewar weighs 600 lbs. - How close can Dewar(s) be placed relevant to freeze jacket location? _____

Job Site conditions (construction, parking garage, mech. room, occupied area) _____

Many times the system is to remain operational, in which case other connections close to the freeze point may come into play.

Is this a complete system shut down? _____ If no, than please complete the following:

Is freeze point location the main, or a branch line? (specify) _____

How close is the freeze point to main or other branch connection? _____

Other pertinent info: _____

