



Refrigeration Evaluation Report

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Dealer Name: _____ **Technician:** _____
 E-mail _____ Telephone _____ Fax _____

SECTION 1 • Customer **Date of evaluation** _____
 Company _____ Contact _____
 Address _____

 E-mail _____ Telephone _____ Fax _____

SECTION 2 • Vessel
 Vessel Name _____
 Vessel Type _____ Length _____
 Hull Material _____ Displacement _____
 Size of Fish Hold: Length _____ Width _____ Height _____ Material _____
 Insulation Thickness: Side _____ Top _____ Bottom _____
 Insulation Type _____ Partition-Fixed Movable
 Generator (Make) _____ kW @ _____ Hz

SECTION 3 • Desired Type of Refrigeration System
 Hold Ice 28°F Plate Freezer (for freezing only) Holding Plate (freezer storage only)
 Forced Air for 0°F Forced Air for -20°F Chilled sea water for brine spray
 Flooded Tank system Brine Freezer for flash freezing
 Other _____

SECTION 4 • Product (RSW Systems Only)
 Species of Product _____
 Desired temperature of product in hold (F°) _____
 Avg. weight of Product to be refrigerated or frozen per 24 hrs. (lbs). _____ Maximum (lbs.) _____
 Avg. size of individual Product _____ Maximum _____
 Duration of trip _____ Distance to fishing grounds _____ Hours of fishing per day _____
 Sea water temperature in fishing area (F°): Winter _____ Summer _____
 Air temperature in fishing area (F°): Winter _____ Summer _____