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

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) _____

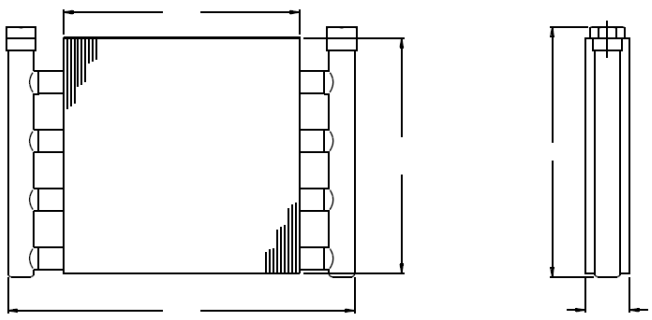
Heat Exchanger Location: ☐ Return Line
(Check One) ☐ Off Line (Kidney Loop)
☐ Other: _____

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: _____
_____

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