

Please complete the following information for each room you select.

ROOM BASICS				
Name/Function:	me/Function:		Quantity:	
Dimensions: L:	ft x W:	ft x H:	ft	
CLIMATE	Lights On		Lights Off	
Start of Cycle: Temp:	RH:	Temp:	RH:	
End of Cycle: Temp:	RH:	Temp:	RH:	
LIGHTING				
Lighting Type: LED: \Box CN	MH: HPS:	Other:		
Lighting Count:	Wattage p	oer light:		
Canopy (square feet): Number of Plants: Watering Rate per plant per day: Units: Drain to waste %: Format: (eg. Hand Watered, Drip Irrigation, Spray, Ebb/Flow, Flooded Tray, etc.)				
LOCATION Facility Name: State/Province and City: Equipment Location: (eg. on Grade Outside, Inside Facility, on Load Bearing Roof, etc.)				
Please add any other information we should know about the application:				

1-833-327-2447 | Please submit the form to: **Account.Mgmt@QuestClimate.com**Attach racking/benching plans and a facility layout drawing to expedite design & selection.