

Please use this fillable PDF document as a tool to outline your Design Build Opportunity. All information is not required, but will help us be better prepared before talking and/or scheduling a site visit. Please complete as much information as possible. You will be contacted by Chesapeake Mission Critical staff based on your Project Time Frame indicated on the form.



6500 Virginia Manor Rd.
 Beltsville, MD 20705
 P: (240) 264-1522
 F: (240) 264-8477
chesapeakemc.com

Customer
 Contact Name: _____
 Street _____
 State, Zip _____
 Phone #: _____
Project Name: _____

Completed by:
 Name _____
 Phone _____
 E-mail _____

Additional Team Members:
 Consulting Engineer: _____
 Electrical Contractor: _____
 Mechanical Contractor: _____
 Building Owner: _____
 Architect: _____

Project Time Frame: Mark with "X"
 Urgent - Call Immediately
 Call within 2-3 Days
 Respond Within 1-Week
 Best Endeavor

POWER:

Amps: _____ Voltage: _____
 UPS be fed from: TOP or BOTTOM _____ Battery Run Time _____ minutes
 Redundancy Level Required: N, N+1, 2N, (2) N+1: _____
 Total load power required? _____ Future Power Growth _____% within _____ years
 Load Voltage(s) reqd: 120/208/240/277/480 Single or Three Phase Power _____
 Does the site have a back up generator? YES or NO _____ Description: _____
 Power distribution (Overhead / underfloor / PowerBUS / Whips / RPP / PDU / Other) _____
 Are Rack power strips required? YES or NO _____
 Using existing panels/circuits? YES or NO _____ # panels _____ Amp ratings _____
 Is an EPO required? YES or NO _____

RACK / IT EQUIPMENT:

Existing racks: Number _____ makes/models _____
 New racks: Number _____ makes/models _____
 Space above racks for trays & troughs? YES or NO _____ Are there overhead trays for data, cable: YES or NO _____
 Rack Power Densities (KW): Avg _____ Peak _____ Est Future: Avg _____ Peak _____
 Freestanding equipment Make/model _____ (Volt/amps) _____
 Make/model _____ (Volt/amps) _____
 Make/model _____ (Volt/amps) _____
 Make/model _____ (Volt/amps) _____
 How will power be distributed to non - rack mounted loads YES or NO _____

IT ROOM:

Room: _____ Long (ft.) _____ Wide (ft.) _____ Height (ft.)
 Is a scaled drawing available. YES or NO _____ If YES, please email to ryan@chesapeakemc.com
 Raised floor? YES or NO _____ Ht _____ inches, Describe underfloor interference: _____

COOLING:

Building customer OWNED or LEASED _____ Number of floors: _____ Floor of IT space _____
 Redundancy Level Required: N, N+1, 2N, (2) N+1: _____
 Available cooling capacity _____
 Type of Existing Cooling: GLYCOL Cooled, WATER Cooled, AIR Cooled, CHILLED WATER, Other _____
 Where is outdoor (heat rejection) equipment located: _____ Is Make-up Water Available? YES or NO _____ Where: _____
 Is a Condensate drains available: YES or NO: _____
 Condensate and Make-up distance for computer room? _____

ADDITIONAL COMMENTS:

Instructions: Please save this form by selecting 'File > Save...' and e-mail as an attachment to:
ryan@chesapeakemc.com