

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.



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 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 Mark Lundregan at lundm@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:
lundm@chesapeakemc.com