Hamilton Engineering
an Armstrong International Brand

IDF and Placement Options Form

In order to enter P.O.'s and guarantee delivery dates, a technically accurate and complete IDF is required.

The review and acceptance of the information on the IDF by Armstrong:

1. Approves the order for processing which triggers an e-mail confirmation.

2. Indicates that Hamilton Engineering and AHWG supports you by endorsing the application.

3. Initiates the warranty.

4. Delivers a complete, Hamilton Engineering and AHWG supported performance guarantee to the final user of the product.

5. Drives the relevant point of specification/influence, point of installation and point of order financial allocation if appropriate.

Section 1 - Ordering Processing/Tracking Detail:

Point of Order / Sold To:_____ *(eg: ABC Mechanical)*

City:_____State:_____Rep Firm:_____
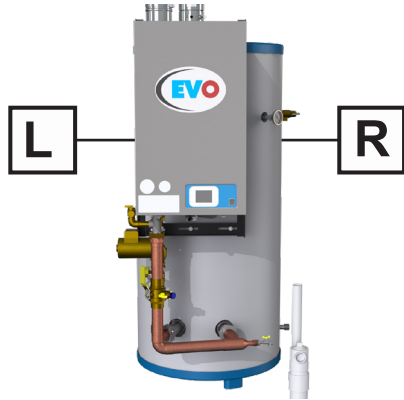
Point of Installation:_____ *(eg: Heinz Ketchup)*

City:_____State:_____Rep Firm:_____

Point of Specification:_____ *(eg: DEF Consulting Engineers)*

City:_____State:_____Rep Firm:_____

Other Influence:_____ *(eg: Source of Recommendation)*

EVO .2/.3 Companion Placement Options

L — **R**

EVO Model: _____ ○ .2 ○ .3

○ 1 ○ 2 ○ 3 ○ 4 ○ 5 ○ 6 ○ 7 ○ 8

System Connections

Hot Out: ☐ L* ☐ R*   ☐ Building Recirc Line   ☐ Laundry w/Recirc

Cold In: ☐ L* ☐ R*   ☐ No Building Recirc Line   ☐ Laundry wo /Recirc

*Applies to multiple unit manifolds only

Gas Type: ☐ NG ☐ LP   Gas Manifold: ☐ L ☐ R

Hamilton Supplied Gas Regulator: ☐ Y ☐ N*   Incoming Gas Pressure:_____ ☐ WC ☐ PSI
*Loose

Regulator type: ☐ Vented ☐ Ventless   Regulator: ☐ Mounted ☐ Loose

Cascade Box ☐   **Mounted:** ☐ Y ☐ N   Transformer Ordered: ☐ Y ☐ N Voltage:_____

Common Exhaust Vent Manifold: ☐ L ☐ R   Horiz. Length (ft.)_____Vert. Length (ft.)_____90° Elbows_____45° Elbows _____Tees_____

Common Intake Vent Manifold: ☐ L ☐ R   ☐ Room Air   Length (ft.)_____90° Elbows_____45° Elbows _____Tees_____

Venting Manifold Termination: ☐ Horiz ☐ Vertical   Venting Material: ☐ Stainless Steel ☐ PVC

External Communication Options: ☐ None ☐ Protonode* ☐ Protocol_____ ☐ Router
*NOTE: If protonode is selected, Protocol must be completed

Altitude: At what elevation will this system be installed? _____ft.

Manual High Limit Setpoint_____°F

Maximum Operating Temperature:_____   **City Water Pressure:**_____

Expansion Tank: ☐ Y ☐ N *If Yes:* ☐ Loose ☐ Installed

Reports Required: ☐ **ASME** (LIT CG500) ☐ **CSD-1** (LIT CSD1U1)

Note: If water temperature setpoint will be over 120ºF, a water analysis is required.

☐ **Desired temperature exceeds 160ºF**

Additional Notes and Special Parameters:

Distributor:_____ **Project:**_____ **Purchase Order #:**_____

Signed:_____ **Date:**_____ **Quote Builder #:**_____