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## The Brain™ Installation Details Form (IDF)

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 AHWG supports you by endorsing the application
- 3. Initiates the warranty
- 4. Delivers a complete, 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):

City: \_\_\_\_\_ State: \_\_\_\_ Rep Firm: \_\_\_\_

Point of Instal	lation:				 _
			(eg: Mei	rcy Hospital)	
City:	State:	Rep Firm:			
Point of Speci	ification:				 -
			(eg: DEF Cons	ulting Engineers)	
City:	State:	Rep Firm:			
Other Influence	ce:				 _
		(eg: point of ins	stallation recommended pro	duct to point of specification)	
Section 2 P	roduct Techn	ical Detail:			
1. Model Num	ber:				
2. Inlet Hot Wa	ater Temperatur	e and Pressure:	°F	PSI	
3. Inlet Cold W	Vater Temperatu	re and Pressure:	°F	PSI	
4. Brain Set Po	oint:	°F			
5. Maximum S	Simultaneous De	emand: G	ЭРМ		
6. Pump Size i		GPM ed by Armstrong.			
7 Brain Scan	Yes*N	, ,			
* If yes is se	elected, please s	ubmit a separate Brain	scan IDF.		
		Pa	ckage Reference	e Information	
Reference Drav	wing #			Package Model #	
(Drawing included	with quotation if prov	rided)			
List any non sta	andard variations	s:			

(eg: ABC Mechanical)