

**QUESTIONNAIRE
FOR
COOLERS, WATER, MECHANICALLY REFRIGERATED, SELF-CONTAINED**

References herein to specification apply to NC standard specification #4110-3 (latest revision).

1. Bidder _____
2. Manufacturer _____ Model Number _____
3. Type _____ Style _____ Size (Per ARI Standard 1010) _____
4. Is unit offered ADA compliant? _____ (yes/no)
5. Type BT water coolers have a minimum SRC (standard rating capacity) of 0.6 gal/hr? _____ (yes/no)
6. Is unit U.L. listed? _____ (yes/no)
7. Does unit have any lead solder connections that contact the water? _____ (yes/no)
8. Power requirements: _____ volts _____ amps
9. Is unit offered new and current production model? _____ (yes/no)
10. Do you offer PB water coolers that are ADA compliant? _____ (yes/no)
11. Will unit be shipped complete, fully assembled and ready for immediate installation and use with installation instructions? _____ (yes/no)
12. State refrigerant brand and number or type used in this system: _____
13. Does refrigeration system have hermetically sealed compressor unit? _____ (yes/no)
14. Unit has automatic temperature control device? _____ (yes/no). State temperature range of drinking water delivered from unit: _____ to _____ degrees F.
15. Cold water storage reservoir for Type RT water cooler is either stainless steel or copper tank and has a minimum capacity of one quart for sizes 3 & 4 and two gallons for sizes 5 & 7? _____ (yes/no)
16. BT type water cooler is designed to use a five-gallon water bottle with dispensing faucet and drain tray? _____ (yes/no)
17. Unit meets the rating and performance requirements of ANSI/ARI 1010 latest issue? _____ (yes/no)

18. Unit listed in the current issue of ARI Directory of Certified Drinking Water Coolers and the appropriate product listing directory approved by the State of NC Insurance Department? _____ (yes/no)
19. Does unit bear a permanent nameplate plus caution and danger labels in accordance with ANSI/UL 399? _____ (yes/no)
20. Does mfr's warranty comply with all requirements of Section IV.Warranty? _____ (yes/no)
21. Have all tests used to determine or confirm ratings on this model been performed in accordance with the latest revision of the respective applicable standards listed in Section II? _____ (yes/no)
22. Is factory authorized service available within the State of North Carolina? _____(yes/no)
23. Person completing this questionnaire (name printed or typed)

24. Signature of above person _____
25. Title and company _____
26. Date _____

*** END OF QUESTIONNAIRE ***