



# Instant Steam Generators

## PROPOSAL DATA SHEET

Company: \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Contact: \_\_\_\_\_

# MUSHROOM OPERATION

No. of Rooms: \_\_\_\_\_  
Dimensions of Room: Length: \_\_\_\_\_ Width: \_\_\_\_\_ Height: \_\_\_\_\_  
Are Rooms Insulated: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Ceilings only: \_\_\_\_\_  
Ceilings & Walls: \_\_\_\_\_  
No. of Rooms Sterilized at same time: \_\_\_\_\_  
Amount of Growing Media per Room: Lbs: \_\_\_\_\_ Ft<sup>3</sup>: \_\_\_\_\_  
Width of Beds: \_\_\_\_\_  
Length of Beds: \_\_\_\_\_  
Depth of Soil on Beds: \_\_\_\_\_  
Bed Material: Steel: \_\_\_\_\_ Aluminum: \_\_\_\_\_ Wood: \_\_\_\_\_ Type of Wood: \_\_\_\_\_  
Weight of Each Bed: \_\_\_\_\_ Lbs.  
No. of Beds per Room: \_\_\_\_\_  
Desired Sterilizing Temperature: \_\_\_\_\_ °F \_\_\_\_\_ °C  
Length of Hold Period: \_\_\_\_\_  
Main Electrical Power: ( 230 / 460 / 575 / 3 / 60 )  
Fuel:  Natural Gas or  Propane \_\_\_\_\_ 15 PSIG required  
Water Hardness: \_\_\_\_\_ Grains per Gal \_\_\_\_\_ PPM  
Are there facilities to re-use grey water?  Yes  No  
Is Steam Generator to be  portable or in  fixed location?  
Please complete above and attach a sketch to include full plant site, and location of Steam Generator.



1-800-973-1999

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