

QFR Zone[®] - Request For Information

(Quick Freeze Racking Zone[®])

In order to be more efficient and accurate in responding to your request for information, please fill this form out completely, and a Tippmann Group representative will get back in touch with you as soon as possible.



Date: _____

Contact Information:

Name _____

Company _____

Phone _____ Cell _____

Email _____

Address _____

City _____

State _____

Zip _____

Product Information:

Pounds per day inbound _____

Time in Hours to Freeze _____

Pallet Height _____

Pallet Weight _____

Cases Per Pallet _____

Height of Pallet Spacers _____

Case Height _____

Case Width _____

Case Depth _____

Case Weight _____

Description of Product _____

Temperature of Product _____

Does the case have air holes? _____

Facility Information:

New Build? _____

Existing Building? _____

Clear Height of Existing Building _____

Room Dimensions / Square Feet _____

of Refrigeration Coils Currently
In Room _____

Estimated Coil Size / Tons _____

Location/Address of facility where QFR Zone[®] would be put in place

Describe the timing and process of when the product is received:

(example: 1 load per hour, first shift only; or 3 loads first shift, 3 loads 2nd shift, 2 loads third shift)

Please email the completed form to your Tippmann Group representative or to QFRZone@tippmanngroup.com

You may also fax the completed form to (260) 490-1362

www.tippmanngroup.com