

Seismic information specification form

2016-11-17

Please answer the following questions and return this form to Termaco via this email address:
Rack-Support@termaco.com

Are you familiar with the STD Termaco Rack Series and/or Modules Series:

Yes No

Please confirm the desired rack configuration (For Racks only):

- Flooded Battery (or Cells) Rack:

1-Tier	2-Tier	3-Tier	4-Tier
	2-Tier / 2-Step	3-Tier / 2-Step	4-Tier / 2-Step
	2-Tier / 3-Step	3-Tier / 3-Step	4-Tier / 3-Step
1-Tier / 2-Row	2-Tier / 2-Row	3-Tier / 2-Row	4-Tier / 2-Row

- Top Terminal Battery (or Cells) Open Rack or Module Stack:

Number of Batteries per Tier: _____ x Number of Tiers per Rack
or Module: _____

- Front Terminal Battery (or Cells) Open Rack:

Number of Batteries per Tier: _____ x Number of Tiers per Rack: _____

What requirement makes that not one of Termaco's STD Racks is suitable for your application?

Shape Seismic Spec

Please indicate the model and manufacturer of the battery intended to be used on this rack:

- Battery/Cell Manufacturer: _____

- Model of Battery/Cell: _____

- Quantity of Batteries/Cells per Rack: _____

- Battery/Cell Dims (Length, Depth, Height): _____ L x _____ D x _____ H

- Battery/Cell Weight (Lbs or Kg): _____ Lbs / or _____ Kg

- Battery/Cell Dim (Length, Depth or Height) to be installed into the "Length" orientation of the Rack:

Battery / Cell Length Battery / Cell Depth (or Width)

171, Tuckerton Road
Reading, PA
19605 United States

325, boul. Industriel
Saint-Jean-sur-Richelieu (Qc)
J3B 7M3 Canada

T 450 346.6871
F 450 346.4368
TOLL FREE
1 800 363.1964

If a "Custom" shape of Rack (or Frame) is required, please fill all applicable fields below:

Footprint Available: _____

Max. Overall Height of the Rack (including the batteries): _____

Max. Frame Depth: _____

Min. Free Space above the Cells: _____

If any of the Seismic Ratings offered per the STD Termaco Racks (i.e. Zone 0, 0.25g or 0.5g) can answer your seismic requirement, please fill all the fields related to the applicable Seismic Code:

UBC-1997:

- Zone Selection:

Zone 0 Zone 1 Zone 2A Zone 2B Zone 3 Zone 4

- Installation Type:

Ground Level Top of Building In Between (*)

(*) Please specify the total number of stories of the building and the story at which the rack will be installed

- Installation Height Ratio (Ex: 11th story of a 20 story building - 11/20): _____

- Type of Product Qualification:

«Built As» Construction (Overdesign without Certification)

Certification Letter (Eng. Stamp Sealed)

Complete FEA Report

IBC-2012:

- Installation Site:

Please provide the City of the Rack Installation, or the Zip (Postal Code), or the desired Sds value, or the Equivalent Lateral Seismic Force (in g's):

City of Installation Site: _____

Zip (Postal Code) of Installation Site: _____

Desired Sds Value (in g's): _____

Equivalent Lateral Seismic Force (in g's): _____

- Installation Type:
Ground Level Top of Building In Between (*)

(*) Please specify the total number of stories of the building and the story at which the rack will be installed

- Installation Height Ratio (Ex: 11th story of a 20 story building - 11/20): _____

- Type of Product Qualification:

«Built As» Construction (Overdesign without Certification)
Certification Letter (Eng. Stamp Sealed)
Complete FEA Report

CBC:
(Please fill up the
IBC-2012 section
of above)

- Type of Product Qualification:

«Built As» Construction (Overdesign without Certification)
Official Certification (Shake Table Test Required)

NBC-2010 (Canada):

- Installation Site:

Please provide the City of the Rack Installation, or the Postal Code, or the desired Horizontal Spectral Acceleration at 0.2 seconds (Sa(0.2)), or the Equivalent Lateral Seismic Force (in g's):

City of Installation Site: _____

Postal Code of Installation Site: _____

Desired Sds Value (in g's): _____

Equivalent Lateral Seismic Force (in g's): _____

- Installation Type:

Ground Level Top of Building In Between (*)

(*) Please specify the total number of stories of the building and the story at which the rack will be installed

- Installation Height Ratio (Ex: 11th story of a 20 story building - 11/20): _____

- Type of Product Qualification:
 - « Built As » Construction (Overdesign without Certification)
 - Certification Letter (Eng. Stamp Sealed)
 - Complete FEA Report

OSHPD:

- Installation Site:
Please provide the City of the Rack Installation, or the Zip (Postal Code), or the desired Sds value:
City of Installation Site: _____
Zip (Postal Code) of Installation Site: _____
Desired Sds Value (in g's): _____

- Installation Type:
Ground Level Top of Building In Between (*)
(* Please specify the total number of stories of the building and the story at which the rack will be installed)

- Installation Height Ratio (Ex: 11th story of a 20 story building - 11/20): _____

- Type of Product Qualification:
 - « Built As » Construction (Overdesign without Certification)
 - Official Certification (Shake Table Test required)

NEBS:

- Zone Selection:
Zone 0 Zone 1 Zone 2 Zone 3 Zone 4

- Type of Product Qualification:
 - « Built As » Construction (Overdesign without Certification)
 - Official Certification (Shake Table Test required)



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