

Product Type: **Doors for Walk-In Coolers and Freezers**

[Click here for instructions for completing this form](#)

Each Importer and U.S. Manufacturer is legally required to **certify** the compliance of the products it imports, produce  
This certification may be **submitted** by the Importer or U.S. manufacturer or by a Third Party Representative

**Certifier - Party Legally Obligated to Certify Compliance**

The party responsible for **certification** is (select one only):

|   |                            |
|---|----------------------------|
| <input type="radio"/> a U.S. Manufacturer | Please enter required data |
| <input type="radio"/> an Importer         |                            |

**Certifier Contact Information**

|                                  |  |                            |
|----------------------------------|--|----------------------------|
| Full Legal Name of Individual    |  | Please enter required data |
| Full Legal Name of Company       |  | Please enter required data |
| Complete Company Mailing Address |  | Please enter required data |
| Phone Number                     |  | Please enter required data |
| Email Address                    |  | Please enter required data |

**Submitter -**

The party **submitting** this report is:

|   |                            |
|---|----------------------------|
| <input type="radio"/> the Certifier (Certifier Information below)                                 | Please enter required data |
| <input type="radio"/> a Third Party Representative (Third Party Representative Information below) |                            |

**Third Party Representative**

|   |  |
|---|--|
| Full Legal Name of Third Party Representative |  |
| Complete Company Mailing Address              |  |
| Phone Number                                  |  |
| Email Address                                 |  |

**Compliance Statement**

Select one of the options for 'Submitter - Party Submitting This Report' above

|   |  |                            |
|---|--|----------------------------|
| Submitter Signature (Type your Full Legal Name) |  | Please enter required data |
|---|--|----------------------------|

Date (MM/DD/YYYY)

### **OMB Burden Disclosure Statement**

This data is being collected for manufacturers to certify compliance to DOE's energy conservation, water conservation, and design standards and testing requirements for monitor compliance with the energy conservation, water conservation, and design standards and testing requirements for mandated by the Energy Policy and Conservation Act, as amended.

Public reporting burden for this collection of information is estimated to average 35 hours per response, including the time for reviewing the data needed, maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of the Chief Information Officer, Records Management Division, Energy, 1000 Independence Ave SW, Washington, DC, 20585-1290; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (20503).

Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, any requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is mandatory.

Status of This Certification Sheet

No Data

Overall Status of Template

No Data

s, assembles or manufactures. This party is the "**Certifier**" on this form.  
esentative. This party is the "**Submitter**" on this form.

### Party Submitting This Report

**Submitting** this report is (select one only):

do not complete the Third Party Representative Contact  
Information (below)

Please enter  
required data

Representative (you must have valid Third Party Authorization  
with the Department of Energy)

### Representative Contact Information, if Applicable

|                |  |                               |
|----------------|--|-------------------------------|
| Is Individual  |  | Please enter<br>required data |
| Is Company     |  | Please enter<br>required data |
| Street Address |  | Please enter<br>required data |
| Phone Number   |  | Please enter<br>required data |
| Email Address  |  | Please enter<br>required data |

[Redacted area]

DD/MM/YY) [Redacted area] Please enter  
required data

or design standards. The data you supply will be used by the Department to  
or the consumer products and commercial and industrial equipment

e for reviewing instructions, searching existing data sources, gathering and  
s burden estimate or any other aspect of this collection of information,  
IM-23, Paperwork Reduction Project (1910-1400), U.S. Department of  
B), OIRA, Paperwork Reduction Project (1910-1400), Washington, DC

penalty for failure to comply with a collection of information subject to the  
number.

**Doors for Walk-In Coolers and Freezers - v5.x**

|                        |               |                     |                      |
|------------------------|---------------|---------------------|----------------------|
| <b>Column Headers:</b> | <b>Status</b> | <b>Manufacturer</b> | <b>Brand Name(s)</b> |
|------------------------|---------------|---------------------|----------------------|

|                       |        |              |               |
|-----------------------|--------|--------------|---------------|
| <b>Pop-Up Headers</b> | Status | Manufacturer | Brand Name(s) |
|-----------------------|--------|--------------|---------------|

|                        |  |   |   |
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| <b>Pop-Up Contents</b> | <p>The cells below show whether there are any issues with the data on that line. If the status is "ok," there are no issues. If the status is "Error," there are issues with the data. See columns to the right for an indication of the issues with the data.</p> | Enter the Manufacturer name in the cells below. | Enter the Brand Name(s) in the cells below. |
|------------------------|--|---|---|

| Basic Model Number | Individual Model Number Covered by Basic Model | Action | Product Group Code |
|--------------------|--|--------|--------------------|
|--------------------|--|--------|--------------------|

| Basic Model Number | Individual Model Number | Action | Product Group Code |
|--------------------|-------------------------|--------|--------------------|
|--------------------|-------------------------|--------|--------------------|

|   |   |   |  |
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| <p>Enter the Basic Model Number in the cells below.</p> | <p>Enter the Individual Model Number covered by the Basic Model in the cells below.</p> | <p>Enter one of following in cells below:</p> <p>N new model<br/> ETO engineered to order<br/> D discontinued model<br/> C correction to previous CCMS submission<br/> E submit report on existing (carryover) model<br/> F failed Industry Certification Program</p> | <p>Enter an integer between 1 and 8 in the cells below.</p> <p>See the Product Group Codes worksheet for details on product group codes.</p> |
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| <p><b>Was the U-factor Simulated in Accordance with NFRC 100?</b></p> | <p><b>Sample Size (Number of Units Tested), if Applicable</b></p> | <p><b>Is the Certification for this Basic Model Based on a Waiver of DOE's Test Procedure Requirements?</b></p> | <p><b>Date of Test Procedure Waiver, if Applicable</b></p> |
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|                            |                                   |                                       |                                      |
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| <p>U-Factor Simulated?</p> | <p>Sample Size, if Applicable</p> | <p>Certification Based on Waiver?</p> | <p>Date of Waiver, if Applicable</p> |
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| <p>Answer whether the U-factor was simulated in accordance with NFRC 100 in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>If U-factor was not simulated in accordance with NFRC 100, enter the # of units that were tested to determine U-factor in the cells below. This should be an integer &gt; 0.</p> <p>If U-factor was simulated in accordance with NFRC 100, entry is not allowed.</p> | <p>Answer whether the certification for the basic model was based on a waiver of DOE's test procedure requirements in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>If you enter 'yes' under "Is the certification for this basic model based on a waiver of DOE's test procedure requirements?", enter the date of the waiver in the cells below. The entry should be in the M/D/YYYY format.</p> |
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| <p><b>Is the Certification based upon any Exception Relief from an Applicable Standard by DOE's Office of Hearing and Appeals?</b></p> | <p><b>Date of Exception Relief, if Applicable</b></p> | <p><b>Is the Certification for this Basic Model based on Section 342(f) Relief (42 USC 6313(f)(6))?</b></p> | <p><b>Date of DOE Letter Granting Request, if Applicable</b></p> |
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| <p>Cert. Based on Exception Relief?</p> | <p>Date of Relief, if Applicable</p> | <p>Cert Based on Sec 342(f) Relief?</p> | <p>Date Relief Granted, if Appl.</p> |
|---|--------------------------------------|---|--------------------------------------|

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| <p>Answer whether the certification was based upon any exception relief from an applicable standard by DOE's Office of Hearing and Appeals in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>If you enter 'yes' under "Is the certification based upon any exception relief from an applicable standard by DOE's Office of Hearing and Appeals?", enter the date of the exception relief in the cells below. The entry should be in the M/D/YYYY format.</p> | <p>Answer whether the certification was based upon Section 342(f) relief in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>If you enter 'yes' under "Is the Certification for this Basic Model based on Section 342(f) Relief (42 USC 6313(f)(6))?", enter the date of the letter granting relief in the cells below. The entry should be in the M/D/YYYY format.</p> |
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| <p><b>Does the Model Have a Transparent Reach-In Door or Window?</b></p> | <p><b>Glass Type of Doors and Door Windows, If Applicable</b></p> | <p><b>Antisweat Heater Power Draw (Watts per Square Foot of Door Opening), if Applicable</b></p> | <p><b>R-Value of the Door Insulation, if Applicable</b></p> |
|--|---|--|---|

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| <p>Transparent ReachIn Door/Window?</p> | <p>Glass Type of Doors and Windows</p> | <p>Antisweat Heater Power Draw</p> | <p>R-Value of Door Insulation</p> |
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| <p>Answer whether the model has a Transparent Reach-In Door or Window in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>If the model has a transparent reach-in door or window, enter the Glass Type of Doors and Door Windows in the cells below.</p> <p>If the model does not have a transparent reach-in door or window, the entry is optional.</p> | <p>If model has transparent reach-in door/window, enter Antisweat Heater Power Draw (based on full power w/o controls modulating) in watts/sqft of door opening. Should be decimal <math>\geq 0</math>.</p> <p>If model does not have transp. reach-in door/window, entry optional.</p> | <p>If answer to Sec. 342(f) col. is 'yes', make no entry.</p> <p>If ans. is 'no':</p> <ul style="list-style-type: none"> <li>- PGC 5-6, make no entry.</li> <li>- PGC 7-8, entry optional &amp; should be R-Value of Door Insulation, not glass.</li> <li>- Else, enter R-Value of Door Insul.</li> </ul> <p>Enter decimal <math>&gt;0</math> only, not the "R".</p> |
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| <p><b>Does the Model Incorporate All Applicable Design Requirements?</b></p> | <p><b>Energy Consumption (kWh/day)</b></p> | <p><b>Door Surface Area (sq ft)</b></p> | <p><b>For Doors with Antisweat Heater Controls Activated by Temperature, the Temperature at Which the Antisweat Heater Turns On (F°), if Applicable</b></p> |
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|   |                           |                          |                                       |
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| <p>Does Model Incorp Design Req'ts?</p> | <p>Energy Consumption</p> | <p>Door Surface Area</p> | <p>Temp Antisweat Heater Turns On</p> |
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| <p>Answer whether the Model incorporates all applicable design requirements in the cells below.</p> <p>An affirmative answer can be either 'yes' or 'y' and a negative answer can be either 'no' or 'n'.</p> | <p>Enter the door energy consumption in kWh/day in the cells below. This should be a decimal number &gt; zero.</p> | <p>Enter the door surface area in square feet in the cells below. This should be a decimal number &gt; zero.</p> | <p>Only for doors with Antisweat heaters activated by temperature, enter the Temperature at Which the Antisweat Heater Turns on in degrees Fahrenheit in the cells below. This should be a decimal number greater than zero. Otherwise, leave the cell blank</p> |
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| <p><b>For Doors with Antisweat Heater Controls Activated by Humidity, the Relative Humidity at Which the Antisweat Heater Turns On (%), if Applicable</b></p> | <p><b>Total Rated Power of Light #1 (W)</b></p> | <p><b>Does Light #1 Have a Timer, Control System, or Other Demand-Based Control Reducing the Light's Power Consumption? (if Applicable)</b></p> | <p><b>Total Rated Power of Light #2 (W), if Applicable</b></p> |
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| <p>Humid. Antisweat Heater Turns On</p> | <p>Light #1 Power</p> | <p>Light #1 Controls? If Applicable</p> | <p>Light #2 Power, if Applicable</p> |
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| <p>Only for doors with Antisweat heaters activated by humidity, enter the Humidity at Which the Antisweat Heater Turns on in percentage in the cells below. This should be a percentage between 0 and 100. Otherwise, leave the cell blank.</p> | <p>Enter the Total Rated Power of Light #1 in watts in the cells below. Entry should be full rated power of lighting without controls modulating power and a decimal number <math>\geq 0</math>. Enter 0 if the door does not have any lights.</p> | <p>If Applicable, enter whether Light #1 has a Timer, Control System, or Other Demand-Based Control Reducing the Light's Power Consumption in the cells below.<br/><br/>An affirmative entry can be either 'yes' or 'y' and a negative entry can be either 'no' or 'n'.</p> | <p>If Applicable, enter the Total Rated Power of Light #2 in watts in the cells below. Entry should be full rated power of lighting without controls modulating power and a decimal number <math>\geq 0</math>.</p> |
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| <p><b>Does Light #2 Have a Timer, Control System, or Other Demand-Based Control Reducing the Light's Power Consumption? (if Applicable)</b></p> | <p><b>Total Rated Power of Heater Wire #1 (W)</b></p> | <p><b>Does Heater Wire #1 Have a Timer, Control System, or Other Demand-Based Control Reducing the Wire's Power Consumption? (if Applicable)</b></p> | <p><b>Total Rated Power of Heater Wire #2 (W), if Applicable</b></p> |
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| <p>Light #2 Controls? If Applicable</p> | <p>Heater Wire #1 Power</p> | <p>Heater Wire #1 Controls? If Appl</p> | <p>Heater Wire #2 Power, if Appl.</p> |
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| <p>If Applicable, enter whether Light #2 has a Timer, Control System, or Other Demand-Based Control Reducing the Light's Power Consumption in the cells below.</p> <p>An affirmative entry can be either 'yes' or 'y' and a negative entry can be either 'no' or 'n'.</p> | <p>Enter the Total Rated Power of Heater Wire #1 in watts in the cells below. Entry should be full rated power of Heater Wire without controls modulating power and a decimal number <math>\geq 0</math>. Enter 0 if the door does not have any Heater Wire.</p> | <p>If Applicable, enter whether Heater Wire #1 has a Timer, Control System, or Other Demand-Based Control Reducing the Heater Wire's Power Consumption in the cells below.</p> <p>An affirmative entry can be 'yes' or 'y' and a negative entry can be 'no' or 'n'.</p> | <p>If Applicable, enter the Total Rated Power of Heater Wire #2 in watts in the cells below. Entry should be full rated power of Heater Wire without controls modulating power and a decimal number <math>\geq 0</math>.</p> |
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| <p><b>Does Heater Wire #2 Have a Timer, Control System, or Other Demand-Based Control Reducing the Wire's Power Consumption? (if Applicable)</b></p> | <p><b>Total Rated Power of Other Electricity Consuming Device #1 (W)</b></p> | <p><b>Does Other Electricity Consuming Device #1 Have a Timer, Control System, or Other Demand-Based Control Reducing the Device's Power Consumption? (if Applicable)</b></p> | <p><b>Total Rated Power of Other Electricity Consuming Device #2 (W), if Applicable</b></p> |
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| <p>Heater Wire #2 Controls? If Appl</p> | <p>Device #1 Power</p> | <p>Device #1 Controls? If Appl</p> | <p>Device #2 Power, if Appl.</p> |
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| <p>If Applicable, enter whether Heater Wire #2 has a Timer, Control System, or Other Demand-Based Control Reducing the Heater Wire's Power Consumption in the cells below.</p> <p>An affirmative entry can be 'yes' or 'y' and a negative entry can be 'no' or 'n'.</p> | <p>Enter Total Rated Power of Other Electricity Consuming Device #1 in watts in cells below. Entry should be full rated power of device w/o controls modulating power &amp; decimal # <math>\geq 0</math>. Enter 0 if door does not have any other electricity consuming devices.</p> | <p>If Appl., enter whether Other Electricity Consuming Device #1 has Timer, Control System, or Other Demand-Based Control Reducing device's Power Consumption in the cells below.</p> <p>Affirmative entry can be 'yes' or 'y', negative entry can be 'no' or 'n'.</p> | <p>If Applicable, enter the Total Rated Power of Other Electricity Consuming Device #2 in watts in the cells below. Entry should be full rated power of device without controls modulating power and a decimal number <math>\geq 0</math>.</p> |
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| <p><b>Does Other Electricity Consuming Device #2 Have a Timer, Control System, or Other Demand-Based Control Reducing the Device's Power Consumption? (if Applicable)</b></p> | <p><b>Conduction Load Through Door (Btu/h)</b></p> |
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|                                    |                                     |
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| <p>Device #2 Controls? If Appl</p> | <p>Conduction Load Through Door</p> |
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| <p>If Appl., enter whether Other Electricity Consuming Device #2 has Timer, Control System, or Other Demand-Based Control Reducing device's Power Consumption in the cells below.</p> <p>Affirmative entry can be 'yes' or 'y', negative entry can be 'no' or 'n'.</p> | <p>Enter the conduction load through the door in British thermal units per hour (Btu/h) in the cells below. This should be a decimal number greater than zero.</p> |
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The following is a description of each product group code:

| <b>Product Group Code</b> | <b>Product Group Code Description</b>                                    |
|---------------------------|--|
| 1                         | Passage door, Medium Temperature   |
| 2                         | Passage Door, Low Temperature  |
| 3                         | Freight Door, Medium Temperature   |
| 4                         | Freight Door, Low Temperature  |
| 5                         | Fully Glass/Transparent Display Door, Medium Temperature                 |
| 6                         | Fully Glass/Transparent Display Door, Low Temperature                    |
| 7                         | Display Door Other Than Fully Glass/Transparent Door, Medium Temperature |
| 8                         | Display Door Other Than Fully Glass/Transparent Door, Low Temperature    |