

AIR BALANCING REPORT

PROJECT _____ PAGE _____ OF _____
 SUBMITTED BY _____ DATE _____

UNIT NO. _____				MANUFACTURER _____			
TYPE & SIZE _____				DIRECT DRIVE <input type="checkbox"/>		V-BELT DRIVE <input type="checkbox"/>	
FAN				MOTOR			
CFM	SP	RPM	AMPS	VOLTS	RPM	HP	
RATED _____		_____		_____		_____	
ACTUAL _____		_____		_____		_____	
DUCT SYSTEM							
AREA SERVED _____						SUPPLY <input type="checkbox"/>	
INSTRUMENTS _____						RETURN <input type="checkbox"/>	
						EXHAUST <input type="checkbox"/>	
ROOM NO.	TYPE OF OUTLET	SIZE IN.	FREE AREA FT ²	VEL FPM	ACTUAL CFM	REQ'D CFM	REMARKS