



TESTING, ADJUSTING AND BALANCING BUREAU
THE PROFESSIONAL'S CHOICE™

SAMPLE FORM NOTES

The attached forms are designed to serve as sample documents only, and are not required to be used by any technician or contractor. They are only intended to provide a template for technicians and contractors who may not have any current forms, or have not previously used a particular form in the past.

Additional information regarding TAB report forms can be found in the following manuals:

SMACNA TAB Procedural Guide, First Edition-June 2003, Chapter 6

SMACNA HVAC Systems Testing, Adjustsing & Balancing , Third Edition-August 2002, Chapter 16

ASHRAE Standard 111-2008 Measurement, Testing, Adjusting, and Balancing of Building HVAC Systems, Section 12

These forms are not protected in any manner and are available to be modified in any way that is necessary.

If you find that a form that would be useful is not contained here, please let TABB know and we will create a sample form to suit your needs.

Additionally, if you have created your own forms, or have modified these forms in a way that you believe would benefit other technicians or contractors, and you are willing to share those documents, please feel free to email those forms to jhamilton@tabbcertified.org



Fire Smoke Damper (FSD) Report Cover Sheet and Summary

Date of Report Submission: _____

Building Information

Building Name:	
Building Address:	
Job Number:	

Building Contact Information

Primary Contact Name:	
Primary Contact Title:	
Primary Contact Email:	
Primary Contact Phone:	

Scope of Work: _____

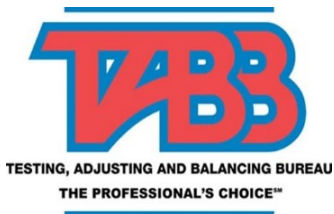
Referenced Code or Standard: _____

Initial Test Results

Test Date(s)	
Dampers Tested	
Dampers Passed	
Dampers Failed	

Repairs and Adjustments

Damper Number	Location	Repair or Adjustment	Date



Fire Smoke Damper (FSD) Report Cover Sheet and Summary

Final Test:

Test Date(s)	
Dampers Tested	
Dampers Passed	
Dampers Failed	

Technician

Name:		
Email:		
Phone:		
Employer		
Employer Address:		
ICB FSD Technician Certification Number:		
Signature/Stamp		

Supervisor

Name:		
Email:		
Phone:		
Employer		
Employer Address:		
ICB FSD Supervisor Certification Number:		
Signature/Stamp		

Contractor

Name:		
Email:		
Phone:		
Address:		
ICB FSD Contractor Certification Number:		



Year of Inspection	
---------------------------	--

Fire Damper Inspected By / Date	
---------------------------------------	--

Structure Inspected By / Date	
-------------------------------	--

**Approved By /
Date**

[illegible]



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PROJECT: _____

ADDRESS: _____

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PROJECT SUMMARY

PROJECT: _____

ADDRESS: _____

1	
2	
3	
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INSTRUMENT CALIBRATION REPORT

PROJECT:

DATE:

[illegible]



GENERAL NOTES

PROJECT: _____

DATE: _____

- 1 All diffusers, grilles and registers are read with the Shortridge Flow Hood unless the "K" or "AK" factors are shown.
- 2 Duct sizes, diffusers and diffuser neck sizes are listed in inches, unless shown otherwise.
- 3 All areas are listed in square feet, unless shown otherwise.

SAMPLE FORM NOTES

- 4 *Remove any items above if they do not apply, or if you start a second page.*
- 5 *This form is used for listing items of a general or system wide nature that are not specific to a particular piece of equipment that has been tested and reported elsewhere UNLESS that piece of equipment is operating in a way that impacts the proper operation of the system, then definitely call attention to it here.*
- 6 *Specifications or test criteria may be listed on this form.*
- 7 *A summary statement of the system condition may be listed here.*
- 8 *Anything important may be listed here. If nothing is listed on the general note form then it is assumed that everything is basically operating at design conditions.*
- 9 *REMEMBER: This page is part of the final balance report that will be sent to the owners, architect, and engineers. IT IS NOT A PUNCH LIST FORM.*



OBSERVATIONS

JOB NAME:

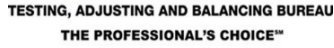
[illegible]



SYSTEM DIAGRAM

PROJECT: _____

DATE: _____



PROJECT COMMUNICATION SHEET

PROJECT:

ADDRESS:

TECH:

DATE: _____

SHEET: _____

TO: _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is a margin at the top, followed by several rows of lines, and another margin at the bottom. The paper is framed by a dark border.



TRANSMITTAL

TO: _____

DATE: _____
JOB #: _____

ATTN: _____

JOB NAME: _____

(Name of Recipient) :

Transmitted here are _____ copy(s) of:

_____ Drawing

_____ Signed Contract

_____ Submittal

_____ Lien Release

_____ Test & Balance Report

_____ Change Order

_____ Other: _____

Please return _____ copy(s) for our files.

Remarks: _____

