



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



Smoke Control Systems (SCS) 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: _____

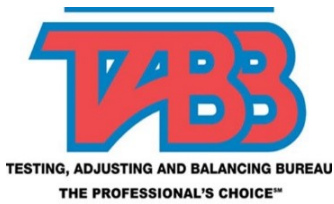
Referenced Code or Standard: _____

Initial Test Results

Test Date(s)
Test Description
Initial Test Results

Repairs and Adjustments

Equipment	Location	Repair or Adjustment	Date



Smoke Control Systems (SCS) Report Cover Sheet and Summary

Final Test:

Test Date(s)
Test Description
Final Test Results

Technician

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

Supervisor

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

Contractor

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



Table of Contents

PROJECT: _____

ADDRESS: _____

Page

1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		



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

PROJECT SUMMARY

PROJECT: _____

ADDRESS: _____

1	
2	
3	
4	



DATE:

Page _____



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]



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

SYSTEM DIAGRAM

PROJECT: _____

DATE: _____



ADDRESS:

DATE:

TO:

Page _____



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: _____



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

AIR MOVING EQUIPMENT TEST SHEET

Job Name: _____ Address: _____

System No.: _____ Fan No.: _____ Building No.: _____

FAN NO.				
AREA				
FAN MANUF.				
MODEL				
	REQUIRED	ACTUAL	REQUIRED	ACTUAL
TOTAL CFM				
RETURN CFM				
OSA CFM				
EXT. S.P.				
FILTER DROP				
MTR. SHEAVE				
FAN SHEAVE				
BELTS				
SHV. POS. %				
MOTOR MANUF.				
HORSE POWER				
VOLTAGE				
PHASE				
MOTOR R.P.M.				
AMPERAGE				
FAN R.P.M.				
COMMENTS:				

AIR APPARATUS TEST REPORT

PROJECT: _____ **Readings By:** _____

SYSTEM: _____ **Date:** _____

U	Type Size	
N	Serial Number	
I	Arr./Class	
T	Discharge	
	Make Sheave	
	Sheave Diam/Bore	
D	No. Belts Size	
A	Bushing	
T	Filters	
A		

		DESIGN	ACTUAL
P	Total CFM Fan		
R	CFM Outlets		
E	Total S.P.		
S	Discharge S.P.		
S	Suction S.P.		
U	Reheat Coil DP		
R	Preheat Coil DP		
E	Cooling Coil DP		
S	Filters DP		
	Fan RPM		

M	Make / Frame	
O	HP/RPM	
T	Make Sheave	
O	Sheave Diam./Bore	
R	Centerline Distance	
	Sheave P.D.	
D	Bushing	
A		DESIGN ACTUAL
T	Volts/Phase/Hz	
A	F.L. Amps/S.F.	

	Outside Air CFM		
	Return Air CFM		
	OA Dpr. Position		
	RA Dpr. Position		
	OA Temp		
	RA Temp		
	MA Temp		

COMMENTS:			



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

FAN TEST REPORT

PROJECT: _____

SYSTEM: _____

UNIT DATA						
Location						
Service						
Manufacturer						
Model Number						
Serial Number						
FAN DATA	Design	Actual	Design	Actual		
Total CFM						
Return / Exhaust CFM						
O.A. CFM						
Fan R.P.M.						
Total S.P. (Inch W.C.)						
Discharge S.P. (Inch W.C.)						
Inlet S.P. (Inch W.C.)						
Filter P.D. (Inch W.C.)						
MOTOR DATA	Design	Nameplate	Actual	Design	Nameplate	Actual
Manufacturer						
Horsepower / B.H.P.			#DIV/0!			#DIV/0!
R.P.M.						
Volts						
Phase						
Amperes L1						
L2						
L3						
Service Factor						
Frame						
DRIVE DATA						
Belt: Qty. @ Part No.						
Motor Sheave						
Fan Sheave						

Remarks:

Filename:

Test Date:

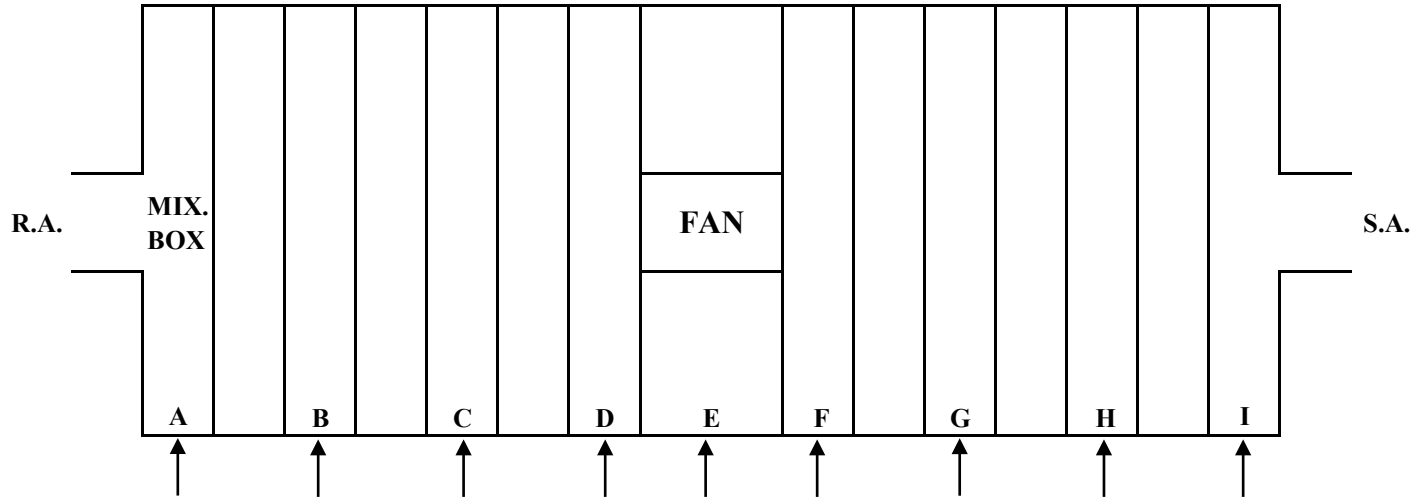
Readings By:



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

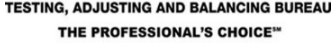
STATIC PRESSURE PROFILE

Job Name: _____ Address: _____



UNIT	A	B	C	D	E	F	G	H	I

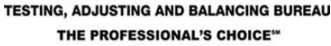
REMARKS
: _____



JOB NAME: _____ **ADDRESS:** _____

SYSTEM NO: _____ **FAN NO:** _____ **BUILDING NO:** _____

Notes:	



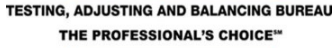
DIFFUSER and GRILLE TEST SHEET

JOB NAME: _____ **ADDRESS:** _____

SYSTEM NO:_____ **FAN NO:**_____ **BUILDING NO:**_____

[illegible]

NOTES:



SYSTEM: _____

Page _____



DUCT DETECTOR TEST

Job Name: _____

Job Location: _____

Permit # _____

Testing Equipment Type: _____

FAN NUMBER		
FAN MANUFACTURER		
DUCT DETECTOR MANUFACTURER		
DUCT DETECTOR MODEL NUMBER		
DUCT DETECTOR LOCATION		
REQ. MIN.-MAX. VELOCITY PRESS. IN W.G.		
ACTUAL VELOCITY PRESSURE IN W.G.		
REQUIRED MIN.-MAX VELOCITY IN FPM		
ACTUAL VELOCITY IN FPM		
EQUIPMENT SHUT OFF IN ALARM	YES: NO:	YES: NO:
METHOD OF TESTING		
SYSTEMS INTERLOCKED		

APPROVED BY: _____ DATE: _____

COMMENTS:



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

DUCT DETECTOR TEST

JOB NAME: _____

ADDRESS: _____

SYSTEM NO: _____ FAN NO: _____ BUILDING NO: _____

Detector Loc.	Fan No.	Detector No.	Rated VP	Rated FPM	Act. VP.	Act FPM	Duct Size	Mode

NOTES:



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

DUCT DETECTOR TEST

DATE: _____

JOB NAME: _____ ADDRESS: _____

CONTRACTOR NAME: _____

PERMIT # _____ APPLICATION # _____

TESTING EQUIPMENT TYPE: _____

FAN NUMBER		
DUCT DETECTOR MANUFACTURER		
DUCT DETECTOR MODEL NUMBER		
DUCT DETECTOR LOCATION		
REQ. RANGE VELOCITY PRESS. IN" W.C.		
ACTUAL VELOCITY PRESSURE IN" W.C.		
REQUIRED VELOCITY RANGE IN FPM		
ACTUAL VELOCITY IN FPM		
METHOD OF TESTING		
EQUIP. SHUT OFF IN ALARM –TIMED		
EQUIPMENT INTERLOCKED		
GAS HEAT		
BURNER WITHIN SIX DUCT DIAMETERS		
RATED TEMPERATURE		
ACTUAL TEMPERATURE		
PERSON PERFORMING TEST TECH. –	TITLE AND AFFILIATION	SIGNATURE:
COMMENTS:		

NOTE: THIS COMPLETED FORM MUST BE ATTACHED TO THE DUCT DETECTOR
MANUFACTURER'S INSTALLATION INSTRUCTIONS AND KEPT ON FILE AT THE PROJECT LOCATION.



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

PRESSURE RELATIONSHIPS

SHEET NO. _____

DATE: _____

JOB NAME: _____

ADDRESS: _____

ROOM NO.	TO	ROOM NO.	REQ. PRESSURE	ACT. PRESSURE



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

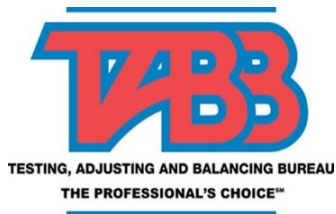
PRESSURIZATION BETWEEN FLOORS

DATE: _____

JOB NAME: _____

ADDRESS: _____

Level	To Floor Below	To Floor Above
Notes:		



PRESSURIZED STAIR SHAFT PERFORMANCE TEST REPORT

Name of Building: _____
 Date of Test: _____ Address of Building: _____
 Type of Test: Acceptance: _____ Regulation 4: _____ LAFD Witness, if any: _____
 Tester: _____ Company: _____ Cert. of Fitness #: _____

STAIR SHAFT INFORMATION

LAFD Stair Number: _____ Location: _____ Floor Levels Served: _____
 Location of Fan(s): _____ Location of Relief Openings(s): _____
 Typical Cross Section Area: _____ in. x _____ in. = _____ sq. in. ÷ 144 sq. in./sq. ft. = _____ sq. ft.
 Air Flow Requirement: Cross Sectional Area of _____ sq. ft. x 50 ft./min. = _____ cubic feet per minute (CFM).
 Top Relief opening area: _____ in. x _____ in. = _____ sq. in./144 sq. in. = _____ sq. ft.
 Bottom relief opening area: _____ in. x _____ in. = _____ sq. in./144 sq. in. = _____ sq. ft.

PERFORMANCE TEST:

1. AUTOMATIC START (from any fire alarm device in building.): RESULTS:
2. AIR FLOW TEST: Air flow taken with rotating vane anemometer (or approved equivalent device) measured uniformly across the surface of the relief opening(s) for one minute:

Air flow calculation (Top): _____ ft./min. x _____ sq. ft. of relief openings = _____ CFM.

Air flow calculation (Bottom): _____ ft./min. x _____ sq. ft. of relief openings = _____ CFM

RESULTS:

3. TEST OF OPENING PRESSURE FOR DOORS OPENING INTO STAIRSHAFT:

- A. Door opening pressure was obtained from an approved testing device applied in a direct vertical line above axis of the door knob/lever.
- B. Tests 1 and 2 were performed with the stair shaft pressurization system in operation. Test 1 was with all doors closed (maximum allowable pressure 25 lbs.); Test 2 was with any other door open (maximum allowable pressure 15 lbs.) Record pressure reading.
- C. Test 3 was performed with the stair shaft pressurization system off. "OK" indicates the door properly closed and latched after being opened; "NG" indicates the door failed to properly close and latch.

Location	Test 1 Pressure	Test 2 Pressure	Test 3 Pressure

Location	Test 1 Pressure	Test 2 Pressure	Test 3 Pressure

Location	Test 1 Pressure	Test 2 Pressure	Test 3 Pressure

RESULTS: Satisfactory If unsatisfactory, which doors need repair? _____

4. TEST OF DOORS OPENING OUT OF STAIR SHAFT:

- A. Test 1 was performed with the pressurization system in operation. "OK" indicates the door properly closed and latched after being opened; "NG" indicates the door failed to properly close and latch.
- B. Test 2 was performed with the pressurization system off (max. allowable pressure 25 lbs.).

Location	Test 2 Closure	Test 2 Closure

Location	Test 2 Closure	Test 2 Closure

Location	Test 2 Closure	Test 2 Closure

RESULTS: If unsatisfactory, which doors need repair? _____

Signature of Tester: _____ Print Name: _____
 Signature of LAFD Witness, if any _____ Print Name: _____



PRESSURIZED STAIR SHAFT PERFORMANCE TEST REPORT

Date of Test: _____ Name of Building: _____

Address of Building: _____

Tester: _____ Company: _____ Cert. of Fitness #: _____

STAIR SHAFT INFORMATION

FD Stair Number: _____ Location: _____ Floor Levels Served: _____

Location of Fan(s): _____ Location of Relief Openings(s): _____

Top Relief opening area: _____ in. x _____ in. = _____ sq. in./144 sq. in. = _____ sq. ft.

PERFORMANCE TEST:

1. AUTOMATIC START (from any fire alarm device in building.): RESULTS: _____

2. AIR FLOW TEST: Air flow taken with rotating vane anemometer (or approved equivalent device) measured uniformly across the surface of the relief opening(s) for one minute:

Required C.F.M.: 2500

Air flow _____ ft./min X _____ sq. ft. of relief opening = _____ C.F.M

Actual Static Pressure: _____ Results: _____

3. TEST OF OPENING PRESSURE FOR DOORS OPENING INTO STAIRSHAFT AND VESTIBULE:
(SEE ATTACHED DOOR OPENING PRESSURE AND DIFFERENTIAL PRESSURE SHEET)

RESULTS: _____

If unsatisfactory, which doors need repair? _____

Signature of Tester: _____

Print Name: _____

Notes:



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

Stair to Vestibule Pressure Form

Date of Test: _____ Name of Building: _____

Address of Building: _____

Stair to Vestibule			Stair to Vestibule		
Level	Pressure Diff. (Minimum .05")	Door Opening Force (Lb)	Level	Pressure Diff. (Minimum .05")	Door Opening Force (Lb)
Notes:					



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

Stair to Vestibule Pressurization Form

Date of Test: _____ Name of Building: _____

Address of Building: _____

Stair # _____ Pressurization

Vestibule to Tenant Space			Stair to Vestibule		
Level	Pressure Diff. (Minimum .05")	Door Opening Force (Lb)	Level	Pressure Diff. (Minimum .05")	Door Opening Force (Lb)
Notes:					



SMOKE CONTROL PANEL TEST

DATE: _____

JOB NAME: _____

ADDRESS: _____

Zone # -

Test-1 – Confirm system annunciation by applying smoke to detector head in associated zone.

Test-2 – Confirm system operation via smoke control panel with manual override switch and document any system deficiencies indicated on graphic computer system monitor and smoke control panel.

System Deficiency	On Override Command	Fan Status Proof	Smoke Panel Proof		
Notes :					



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

COIL VELOCITIES

JOB NAME: _____ ADDRESS: _____

SYSTEM NO: _____ TRAVERSE LOCATION: _____

POINT	1	2	3	4	5	6	7	8	9	10
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
TOTAL										

TOTAL FPM ÷ NO. READINGS = AVERAGE FPM x AREA = CFM

_____ ÷ _____ = _____ X _____ = _____ CFM

	1	2	3	4	5	6
A						
B						
C						
D						

MEASUREMENT POINTS

REMARKS: _____

T	COIL SIZE O.D.	
E		
S	AREA	
T		
	AVERAGE FPM	
D	MEASURED CFM	
A		
T		
A		



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

FILTER READINGS

JOB NAME: _____ ADDRESS _____

SYSTEM NO: _____ TRAVERSE LOCATION: _____

POINT	1	2	3	4	5	6	7	8	9	10
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
TOTAL										

TOTAL FPM ÷ NO. READINGS = AVERAGE FPM x AREA = CFM

_____ ÷ _____ = _____ X _____ = _____ CFM

	1	2	3	4	5	6
A						
B						
C						
D						

PITOT MEASUREMENT POINTS

REMARKS: _____

T	DUCT SIZE O.D.	
E	DUCT SIZE I.D.	
S	AREA	
T	CTR. LINE S.P.	
	AVERAGE FPM	
D	MEASURED CFM	
A	TEMP CORR.	
T	ALT. CORR.	
A	CFM STD. COND.	



JOB NAME: _____ **SYSTEM/UNIT:** _____

LOCATION/ZONE: _____ **ACTUAL AIR TEMP:** _____ **DUCT S.P.:** _____

DUCT		REQUIRED		ACTUAL	
SIZE	AREA:	M/S	L/S	M/S	L/S

VERT. SUBTOTAL:

HORIZ SUBTOTAL:

TOTAL:

NO. OF POINTS:

AVERAGE:

REMARKS:

TEST DATE: _____ TIME: _____ READINGS BY: _____



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

Round Traverse Test Point Chart

Twenty Point Traverse - Equal Area Method

	1	2	3	4	5	6	7	8	9	10
Diameter	0.026	0.082	0.146	0.226	0.342	0.658	0.774	0.854	0.918	0.974
10	1/4	13/16	1 7/16	2 1/4	3 7/16	6 9/16	7 3/4	8 9/16	9 3/16	9 3/4
12	5/16	1	1 3/4	2 11/16	4 1/8	7 7/8	9 5/16	10 1/4	11	11 11/16
14	3/8	1 1/8	2 1/16	3 3/16	4 13/16	9 3/16	10 13/16	11 15/16	12 7/8	13 5/8
16	7/16	1 5/16	2 5/16	3 5/8	5 1/2	10 1/2	12 3/8	13 11/16	14 11/16	15 9/16
18	7/16	1 1/2	2 5/8	4 1/16	6 1/8	11 7/8	13 15/16	15 3/8	16 1/2	17 9/16
20	1/2	1 5/8	2 15/16	4 1/2	6 13/16	13 3/16	15 1/2	17 1/16	18 3/8	19 1/2
22	9/16	1 13/16	3 3/16	5	7 1/2	14 1/2	17	18 13/16	20 3/16	21 7/16
24	5/8	1 15/16	3 1/2	5 7/16	8 3/16	15 13/16	18 9/16	20 1/2	22 1/16	23 3/8
26	11/16	2 1/8	3 13/16	5 7/8	8 7/8	17 1/8	20 1/8	22 3/16	23 7/8	25 5/16
28	3/4	2 5/16	4 1/16	6 5/16	9 9/16	18 7/16	21 11/16	23 15/16	25 11/16	27 1/4
30	3/4	2 7/16	4 3/8	6 3/4	10 1/4	19 3/4	23 1/4	25 5/8	27 9/16	29 1/4
32	13/16	2 5/8	4 11/16	7 1/4	10 15/16	21 1/16	24 3/4	27 5/16	29 3/8	31 3/16
34	7/8	2 13/16	4 15/16	7 11/16	11 5/8	22 3/8	26 5/16	29 1/16	31 3/16	33 1/8
36	15/16	2 15/16	5 1/4	8 1/8	12 5/16	23 11/16	27 7/8	30 3/4	33 1/16	35 1/16
38	1	3 1/8	5 9/16	8 9/16	13	25	29 7/16	32 7/16	34 7/8	37
40	1 1/16	3 1/4	5 13/16	9 1/16	13 11/16	26 5/16	30 15/16	34 3/16	36 3/4	38 15/16
42	1 1/16	3 7/16	6 1/8	9 1/2	14 3/8	27 5/8	32 1/2	35 7/8	38 9/16	40 15/16
44	1 1/8	3 5/8	6 7/16	9 15/16	15 1/16	28 15/16	34 1/16	37 9/16	40 3/8	42 7/8
46	1 3/16	3 3/4	6 11/16	10 3/8	15 3/4	30 1/4	35 5/8	39 5/16	42 1/4	44 13/16
48	1 1/4	3 15/16	7	10 7/8	16 7/16	31 9/16	37 1/8	41	44 1/16	46 3/4
50	1 5/16	4 1/8	7 5/16	11 5/16	17 1/8	32 7/8	38 11/16	42 11/16	45 7/8	48 11/16
52	1 3/8	4 1/4	7 9/16	11 3/4	17 13/16	34 3/16	40 1/4	44 7/16	47 3/4	50 5/8
54	1 3/8	4 7/16	7 7/8	12 3/16	18 7/16	35 9/16	41 13/16	46 1/8	49 9/16	52 5/8
56	1 7/16	4 9/16	8 3/16	12 5/8	19 1/8	36 7/8	43 3/8	47 13/16	51 7/16	54 9/16
58	1 1/2	4 3/4	8 7/16	13 1/8	19 13/16	38 3/16	44 7/8	49 9/16	53 1/4	56 1/2
60	1 9/16	4 15/16	8 3/4	13 9/16	20 1/2	39 1/2	46 7/16	51 1/4	55 1/16	58 7/16

Twelve Point Traverse - Equal Area Method

	1	2	3	4	5	6
Diameter	0.044	0.146	0.296	0.704	0.854	0.956
2	1/16	5/16	9/16	1 7/16	1 11/16	1 15/16
3	1/8	7/16	7/8	2 1/8	2 9/16	2 7/8
4	3/16	9/16	1 3/16	2 13/16	3 7/16	3 13/16
5	1/4	3/4	1 1/2	3 1/2	4 1/4	4 3/4
6	1/4	7/8	1 3/4	4 1/4	5 1/8	5 3/4
7	5/16	1	2 1/16	4 15/16	6	6 11/16
8	3/8	1 3/16	2 3/8	5 5/8	6 13/16	7 5/8
9	3/8	1 5/16	2 11/16	6 5/16	7 11/16	8 5/8
10	7/16	1 7/16	2 15/16	7 1/16	8 9/16	9 9/16



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

Duct Traverse Test Report

PROJECT: _____

SYSTEM: _____

Traverse No:	Location:	Altitude:
Design CFM:	Actual CFM:	Static Pressure:
		Temp.:

RECTANGLE

Width (In.)	
Height (In.)	
Area (sq.#Ft.)	

ROUND

Diameter (In.)	
Area (sq.#Ft.)	

Minimum total number of readings required:

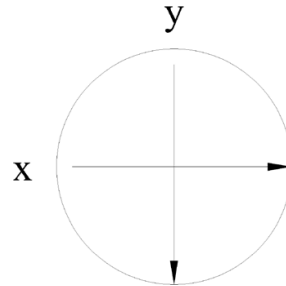
Rectangle: 16

Round: < 10" = 12, 10" – 12" = 16, > 12" = 20

Maximum number required for any duct 64

The Distance between readings shall not be over 6"

SEE DUCT TRAVERSE INSTRUCTIONS



ROUND DUCT

	x	y											
Position	1	2	3	4	5	6	7	8	9	10	11	12	13
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
Subtotal													

Total ÷ No. Readings = Avg. Velocity x Area (Sq.Ft.) x Corr. Factor = CFM

Remarks:



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

DUCT TRAVERSE SHEET

JOB NAME: _____ ADDRESS: _____

SYSTEM NO: _____ TRAVERSE LOCATION: _____

POINT	1	2	3	4	5	6	7	8	9	10
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
TOTAL										

TOTAL M/S NO. OF READINGS AVERAGE AREA L/S

_____ ÷ _____ = _____ x _____ x 1000 = _____

	1	2	3	4	5	6
A						
B						
C						
D						

PITOT MEASUREMENT POINTS

REMARKS:

T	DUCT SIZE O.D.	
E	DUCT SIZE I.D.	
S	AREA	
T	CTR. LINE PA	
	AVERAGE M/S	
D	MEASURED L/S	
A		
T		
A		



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

VELOCITY TRAVERSE SUMMARY

PROJECT: _____

SYSTEM: _____

	Duct			Design		Actual		
Item Traversed	No.	Size	Area Sq. Ft.	FPM	CFM	FPM	CFM	Notes

Remarks:

Filename:

Test Date:

Readings by:



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

VELGRID SHEET

JOB NAME: _____ ADDRESS: _____

SYSTEM NO: _____ READING LOCATION: _____

POINT	1	2	3	4	5	6	7	8	9	10
A										
B										
C										
D										
E										
F										
G										
H										
I										
J										
TOTAL										

TOTAL FPM NO. AVERAGE AREA CFM
 READINGS FPM
 _____ ÷ _____ = _____ X _____ = _____ CFM

	1	2	3	4	5	6
A						
B						
C						
D						

PITOT MEASUREMENT POINTS

REMARKS:

T	DUCT SIZE O.D.	
E	DUCT SIZE I.D.	
S	AREA	
T	CTR. LINE S.P.	
	AVERAGE FPM	
D	MEASURED CFM	
A	TEMP CORR.	
T	ALT. CORR.	
A	CFM STD. COND.	