



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:
