



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.