



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:					