

**Certified Test, Adjust and Balance Report Template**

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| Contractor: |  |
| Engineer: |  |
| Architect: |  |
|  |  |
| Project: |  |
| Project Address: |  |
|  |  |
| Report Revision No.: |  |
| Report Date: |  |
| Technician: |  |

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| Balancing Firm Name: |  |
| Firm Address: |  |
| Firm Phone No.: |  |

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| Certification: |  |
| Firm Certification No.: |  |
| Certification Expiration Date: |  |

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| Project: |  |  |
| Address: |  | Page: |
| Revision: |  |  |

# Table of Contents

1. Definition of Terms
2. Firm Certifications
3. Report Comments
4. Meter Certificates
5. Balancing Report Room Profile Summary
6. Room No. XX Room Sketch & Individual Airflows
7. Room No. XX Room Sketch & Individual Airflows

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| Test Date: |  | Readings By: |  |

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# Definition of Terms

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| **Definition of Terms** | | | | | |
| **ACPH** | **Air Changes per Hour** | **FH** | **Fume Hood** | **NC** | **Not Complete** |
| **AHU** | **Air Handlin Unit** | **FPM** | **Fee Per Minute** | **NIC** | **Not in Contract** |
| **AK** | **Free Area** | **FPT** | **Fan Powered Terminal** | **NL** | **Not Listed** |
| **ACB** | **Active Cooling Beam** | **FT** | **Feet of Water** | **NR** | **Not Recorded** |
| **BV** | **Balancing Valve** | **HF** | **HEPA Filter Terminal** | **NS** | **Not Shown** |
| **BS** | **Bird Screen** | **HP** | **Heat Pump** | **RR** | **Return Register** |
| **CD** | **Ceiling Diffuser** | **KF** | **VAV/CV CFM at 1.00” of VP** | **SG** | **Supply Grill** |
| **CFM** | **Cubic Feet Per Minute** | **KV** | **Correction Multiplier** | **SR** | **Supply Register** |
| **CE** | **Ceiling Exhaust** | **LAT** | **Leaving Air Temperature** | **SP** | **Static Pressure** |
| **CR** | **Ceiling Register** | **LD** | **Lineal Diffuser** | **TBD** | **To be Determined** |
| **DNL** | **Data Not Listed** | **LR** | **Lineal Return** | **VP** | **Velocity Pressure** |
| **DP** | **Differential Pressure** | **PERF** | **Perforated Face** | **VAV** | **Variable Air Volume** |
| **EG** | **Exhaust Grill** | **MAX** | **Max Air Flow Setting** | **VEL** | **Velocity** |
| **EAT** | **Entering Air Temperature** | **MIN** | **Min Air Flow Setting** | **WMS** | **Wire Mesh Screen** |
| **ER** | **Exhaust Register** | **NA** | **Not Applicable** | **WPD** | **Water Pressure Drop** |

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| Test Date: |  | Readings By: |  |

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| Project: |  |  |
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**Firm Certifications**

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| Test Date: |  | Readings By: |  |

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| Project: |  |  |
| Address: |  | Page: |
| Revision: |  |  |

**Meter Certifications**

Firm:

Project:

Project Address:

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| Instrument Used/Serial No. | Application | Dates of Use | Calibration Due Date |
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Remarks:

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| Test Date: |  | Readings By: |  |

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| Project: |  | Test Apparatus |  |
| Address: |  | Page: |  |
| Revision: |  |  |  |

# Balancing Report Room Profile Summary

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|  |  |  |  |  | Room Designs | | Room Actuals | | | |  |  |
| Area  Served | Room Use | Pass/  Fail | Room Air  Treatment | Humidity  Control | ACPH | Press. | ACPH | Press. | CFM | Cubic Ft | AHU/  System | Room  Pressure |
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Remarks:

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| Test Date: |  | Readings By: |  |

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| Project: |  | System |  |
| Address: |  | Page: |  |
| Revision: |  |  |  |

# System Sketch

Room No. XXX

Drawing Not To Scale

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| Test Date: |  | Readings By: |  |

Beth Israel Deaconess Medical Center

Draft No. 1 6/26/13

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|  | **Outlet** | | | | **Design CFM** | |  |  | **Final CFM** | |  |  |
| **Area**  **Served** | **No.** | **Type** | **Size** | **AK** | **CFM** | **VEL** |  |  | **VEL** | **CFM** | **CFM%** | **Terminal**  **Data** |
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