



AIR BALANCE INSPECTION & TESTING

Date	Application No.
Project / Establishment Name	
Building Permit No. / Commercial Register No.	PIN *

Building No	رقم المبنى		
Area	منطقة	Street	شارع
Unit No	رقم الوحدة		

Air Balance Test Sheet

Equipment Tag/Area Served			Design Flow (L/s)	Actual Flow (L/s)	% of Design
Grill No	Length (mm)	Width (mm)			
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
Total					

Equipment Tag/Area Served			Design Flow (L/s)	Actual Flow (L/s)	% of Design
Grill No	Length (mm)	Width (mm)			
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
Total					

Note: Minimum acceptable fan performance is 90% of the design

Test Equipment

Instrument/s Used		Calibration Date	
Serial No		Calibration Certificate No.	

Declaration and Acknowledgement

1.We hereby declare that the information filled-up on this form is true and correct and that all system and equipment are installed/ operational in accordance with approved QCDD drawings, NFPA, QCDD codes & standards, and Maintenance Manual and/or manufacturer recommendation.

2.The building is ready for QCDD inspection/assessment and successfully completed all necessary Inspection, Testing and Maintenance Work in accordance with NFPA, QCDD codes & standards.

QCDD Approved Engineer
(Printed Name with Signature, Stamp & Date)

ID No. & Mobile No.

Facility Manager / Owner's Representative / Consultant *
(Printed Name with Signature, Stamp & Date)

UPDA No.* / ID No. & Mobile No.

Note: * Required/mandatory for Building Completion