

HVAC Air Balance Report

Project Name _____
Location _____
Date _____
Technician(s) _____

System Overview

Objective

Instrumentation Used

Measurements

Supply Air

Location/Room _____
Supply Register ID _____
Design Airflow (CFM) _____
Measured Airflow (CFM) _____
Temperature (°F) _____
Adjustments Made _____
Notes _____

(Repeat for each supply register)

Return Air

Location/Room _____
Return Register ID _____
Design Airflow (CFM) _____
Measured Airflow (CFM) _____
Temperature (°F) _____
Adjustments Made _____
Notes _____

(Repeat for each return register)

System Adjustments

Recommendations

Technician's Comments
