

FORM T-A-05

CONSULTANT

TESTING ADJUSTING AND BALANCING CARD FOR HVAC SYSTEMS

CONTRACTOR

AIR - HANDLING UNIT TEST REPORT WINTER / SUMMER

BUILDING : _____ SHEET : _____ / OF / _____
 EQUIPMENT CODE: _____ ZONE # _____
 TEST PERIOD : _____

NO	ITEM	SPECIFIED	FIELD TEST 1	FIELD TEST 2	FIELD TEST 3
1.1	OUTSIDE AIR TEMP (°C)				
1.2	SUPPLY AIR TEMP (°C)				
1.3	RETURN AIR TEMP (°C)				

*2.1	OUTSIDE AIR FLOW (dm ³ /s)				
2.2	SUPPLY AIR FLOW (dm ³ /s)				
2.3	RETURN AIR FLOW (dm ³ /s)				

3.1	COOLING COIL INLET WATER TEMP (°C)				
3.2	COOLING COIL EXIT WATER TEMP (°C)				

**3.3	COOLING COIL WATER FLOW (l/s)				
3.4	COOLING COIL PRESSURE DROP (kpa)				
3.5	COOLING COIL CAPACITY (kw)				

4.1	HEATING COIL INLET WATER TEMP (°C)				
4.2	HEATING COIL EXIT WATER TEMP (°C)				

**4.3	HEATING COIL WATER FLOW (l/s)				
4.4	HEATING COIL PRESSURE DROP (kpa)				
4.5	HEATING COIL CAPACITY (kw)				

* ITEMS 2.1, 2.2, 2.3 RECORDED AS MEASURED THROUGH AIR SIDE TESTS.

** ITEMS 3.3, 4.3 RECORDED AS MEASURED THROUGH WATER SIDE TESTS.

REMARKS :

COMMISSIONING ENGINEER		CONSULTANT		CONTRACTOR	
NAME :	_____	NAME :	_____	NAME :	_____
SIGNATURE :	_____	SIGNATURE :	_____	SIGNATURE :	_____
DATE :	_____	DATE :	_____	DATE :	_____