FORM T-P-01 CONSULTANT

TESTING ADJUSTING AND BALANCING CARD FOR HVAC SYSTEMS

CONTRACTOR

SEASONAL TEST CARD FOR ZONES
SUMMER / WINTER

BUILDING : _____ SHEET : _____ / OF / _____

TEST PERIOD : _____

INSTRUMENT : _____

* ZONE	TEMPERATURE(°C) - HUMIDITY (%)			
	SPECIFIED	FIELD TEST 1	FIELD TEST 2	FIELD TEST 3

* SEE DRWG'S : _____

REMARKS :

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