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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project** | | 6523 Charlestown Day Surgery | | | | | | | **Test Date** | |  | |
| **System to be tested** | |  | | | **Section to be tested** | | | | **Dwg No.** | | | |
| **Test Equip Make & Model**  **Calibration Cert attached Y/N** | |  | | | **Measuring device Make & Model**  **Calibration Cert attached Y/N** | | | |  | | | |
| **EQAC** - Equilibrium Air **S/C** - Sub-contractor **Client** - Builder  **W** - Witness Point **H**-Hold Point **S** - Surveillance Point | | | | | | |
| **System Design Static Pressure (Pa)** | **Design airflow in section (L/s)** | | **Allowable Leakage (5% of tested section, L/s)** | **Orifice Plate setting(mm)** | | **Actual Test Pressure (Pa) (min 1.25 x System Static Pressure)** | | **Pressure Drop (Pa)** | | **Air flow leakage rate (L/s)** | | **PASS/FAIL** |
|  |  | |  |  | |  | |  | |  | |  |
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**SIGN OFF**

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|  | **NAME** | **POSITION** | **SIGNATURE** | **DATE** |
| EQAC Representative |  |  |  |  |