

DOWNFLOW VELOCITY TEST DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Thermal Anemometer: Mfr: _____ Model #: _____ Serial #: _____

DATA

Number of Rows	Number of Columns	Number of Readings	Distance From Walls and Sash: " _____ "	Grid Spacing Front-to-Back: " _____ "	Grid Spacing Side-to-Side: " _____ "	Probe Height Above Sash " _____ "
<u>Check One</u>	<u>Specifications</u>			<u>As-measured (from candidate's data)</u>		
<input type="checkbox"/> Uniform*	Avg. Air Velocity Acceptable Range	Individual Point Velocity (Calculated from airflow avg.)		Average Air Velocity	Individual Point Velocity Readings	
<input type="checkbox"/> Zoned	*Use Row/Zone 1 Only	Min	Max		Max	Min
Row/Zone 1	-					
Row/Zone 2	-					
Row/Zone 3	-					
Row/Zone 4	-					

INDIVIDUAL DOWNFLOW VELOCITY POINT READINGS

Reading	Height:	<input type="checkbox"/> Bottom Edge of Sash		<input type="checkbox"/> Above Bottom Edge of Sash		<input type="checkbox"/> Below Filter		<input type="checkbox"/> Other: Explain: _____							

Comments: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

INFLOW VELOCITY TEST, DIM METHOD DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

DIM Device: _____ Mfr: _____ Model #: _____ Serial #: _____

DATA

Capture Hood Dimensions		Openings Covered Using		Instrument Settings	
Length _____”	Width _____”	<input type="checkbox"/> Tape	<input type="checkbox"/> Plastic	<input type="checkbox"/> Plates	<input type="checkbox"/> CFM <input type="checkbox"/> LFPM <input type="checkbox"/> Inches H ₂ O <input type="checkbox"/> Other: _____
		<input type="checkbox"/> Other: _____			<input type="checkbox"/> Temperature Compensation
		(Check all that apply)			<input type="checkbox"/> Back Pressure Compensation
					<input type="checkbox"/> Other: _____ (Check all that apply)
Work Access Opening Dimensions			Correction Factor	Specifications	
Length _____”	Width _____”	Area ft ² _____”	_____	Average DIM Inflow Volume Acceptable Range _____ - _____	Calculated Method Inflow Velocity Acceptable Range _____ - _____
Formula Used to Calculate Inflow Velocity				As-measured (from candidate's data)	
				DIM Average _____	DIM Calculated Inflow Velocity _____

INDIVIDUAL DIM READINGS

Comments or corrective action required: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

INFLOW VELOCITY TEST, CONSTRICTED OPENING METHOD DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Thermal Anemometer: Mfr: _____ Model #: _____ Serial #: _____

DATA

Number of Rows	Number of Columns	Number of Readings	Distance From Sides:	Grid Spacing Vertical:	Grid Spacing Horizontal:	
_____	_____	_____	_____”	_____”	_____”	
Work Access Opening Dimensions			Correction Factor	Constricted Opening Dimensions		
Length	Width	Area ft ²		Length	Width	Area ft ²
_____”	_____”	_____”	_____	_____”	_____”	_____
Formula Used to Calculate Inflow Velocity:						
Specifications				As-measured (from candidate's data)		
Calculated Inflow Velocity				Constricted Average Air	Calculated Inflow Velocity	
Acceptable Range				Velocity	Volume	
_____ - _____						_____

INDIVIDUAL CONSTRICTED OPENING VELOCITY POINT READINGS

Comments: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

INFLOW VELOCITY TEST, EXHAUST FILTER METHOD – TYPE A CABINET DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Thermal Anemometer: Mfr: _____ Model #: _____ Serial #: _____

DATA

Number of Rows	Number of Columns	Number of Readings	Distance From Sides:	Grid Spacing Front-to-Back:	Grid Spacing Side-to-Side:	Probe Height Above Filter
_____	_____	_____	_____”	_____”	_____”	_____”
Exhaust Opening Dimensions			Effective Exhaust Area	Work Access Opening Dimensions		
Length	Width	Area ft ²	Area ft ²	Length	Width	Area ft ²
_____”	_____”	_____”	_____	_____”	_____”	_____
Specifications			As-measured (from candidate’s data)			
Calculated Inflow Velocity Acceptable Range			Average Air		Calculated Inflow Velocity	
_____ - _____			Velocity	Volume	_____	

INDIVIDUAL EXHAUST VELOCITY POINT READINGS

Comments: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

INFLOW VELOCITY TEST, DUCT TRAVERSE METHOD – TYPE B2 CABINET DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Device: _____ Mfr: _____ Model #: _____ Serial #: _____

DATA

Downflow Set-Up Information (Candidate will not take supply velocity readings. Average supply velocity is provided by proctor)					
Number of Rows _____	Number of Columns _____	Number of Readings _____	Distance From Walls and Sash: _____”	Grid Spacing Front-to-Back: _____”	Grid Spacing Side-to-Side: _____”
Probe Vertical Position: _____” <input type="checkbox"/> Above Bottom Edge of Sash <input type="checkbox"/> Below Filter					
Work Area Dimensions		Duct Type and Dimensions		Work Access Opening Dimensions	
Area ft ² _____”	<input type="checkbox"/> Round <input type="checkbox"/> Rectangular	Diameter _____” _____” X _____”	Area ft ² _____	Length _____”	Width _____” Area ft ² _____
Supply Velocity as Provided _____ FPM	Calculated Supply Volume _____ CFM	Measured Total Exhaust Volume _____ CFM	Calculated Inflow Volume _____ CFM		
Formula Used to Calculate Inflow Velocity: _____ _____					
Specifications			As-measured (from candidate’s data)		
Calculated Inflow Velocity Acceptable Range _____ - _____			Calculated Inflow Velocity _____		

INDIVIDUAL DUCT PRESSURE/VELOCITY POINT READINGS

Axis	Vel P	LFPM	Axis	Vel P	LFPM	Axis	Vel P	LFPM	Axis	Vel P	LFPM
X1			X9			Y1			Y9		
X2			X10			Y2			Y10		
X3			X11			Y3			Y11		
X4			X12			Y4			Y12		
X5			X13			Y5			Y13		
X6			X14			Y6			Y14		
X7			X15			Y7			Y15		
X8			X16			Y8			Y16		

Comments or corrective action required: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

CABINET LEAK TEST – TYPE A CABINET DATA SHEET

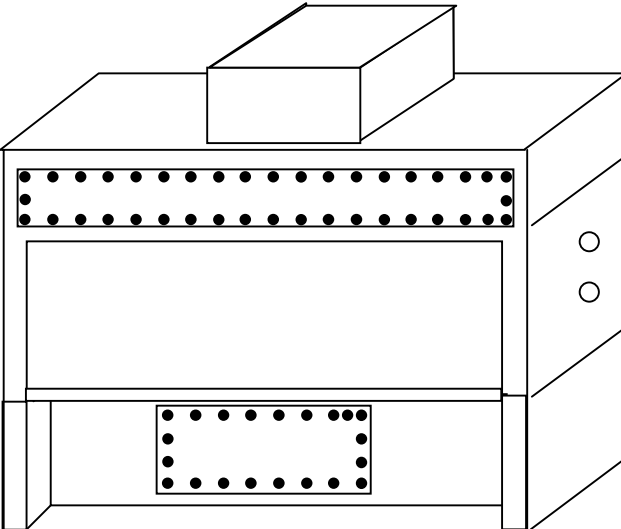
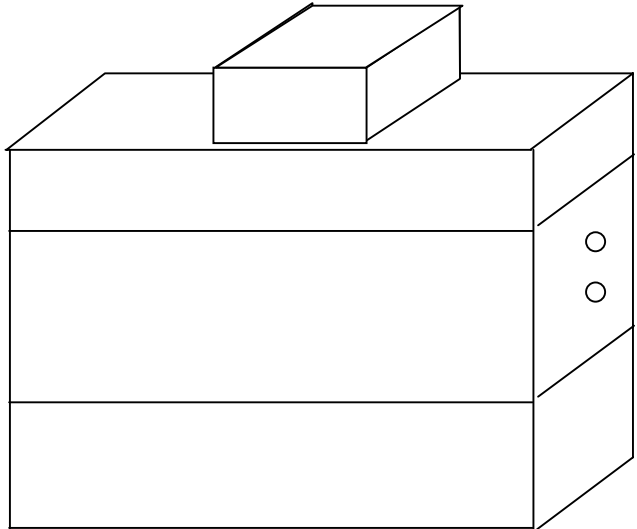
CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Pressure Display: Mfr: _____ Model #: _____ Serial #: _____ Range: _____

DATA

Required Cabinet Test Pressure _____	Required Cabinet Pressure Hold Time _____	Min. Allowable Cabinet Pressure After Hold Time _____	Total Number of Leaks Found _____
The required cabinet pressure was maintained at or above the minimum allowable cabinet pressure after the required hold time: <input type="checkbox"/> YES <input type="checkbox"/> NO		Cabinet Pressure Fell Below Min. Pressure in: _____ Minutes	Cabinet Pressure Start: _____ Stop: _____
<u>LEAK LOCATIONS</u>			
			
FRONT VIEW		REAR VIEW	

Method used to seal cabinet and detect leaks: _____

Comments including methodology of leak repair for types of leaks found (if any): _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

HEPA FILTER LEAK TEST – TYPE A CABINET DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Aerosol Photometer: Mfr: _____ Model #: _____ Serial #: _____

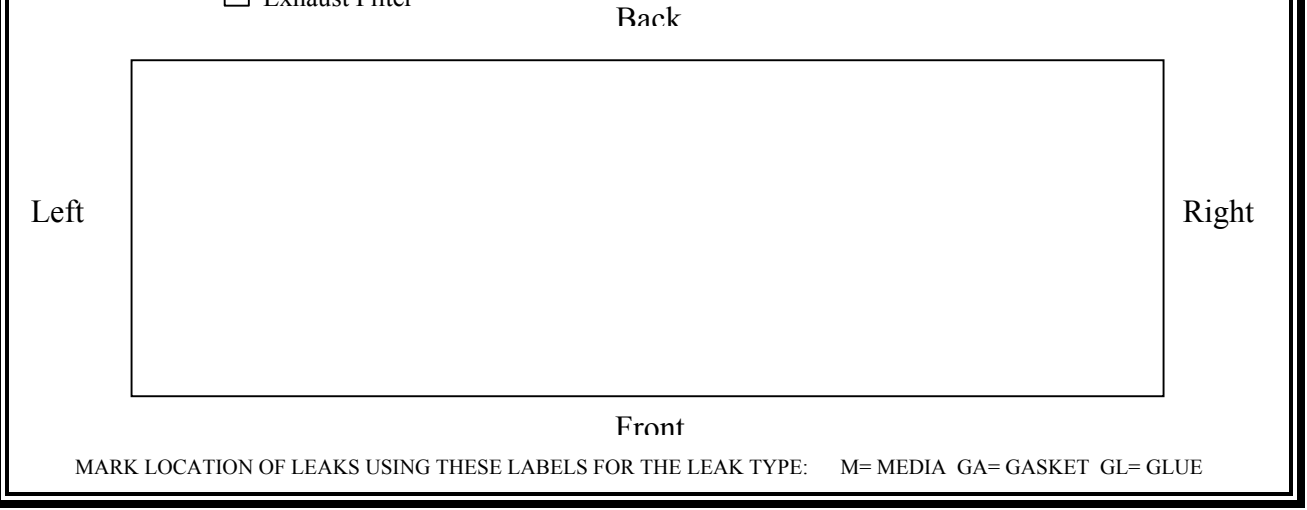
Aerosol Generator: Mfr: _____ Model #: _____ Serial #: _____

DATA

Cabinet/Filter CFM	Number of Laskin Nozzles Requested to Use	Theoretical Calculated Upstream Concentration	Aerosol Generator Pressure Gauge Setting
_____	_____	_____	_____
Actual Measured Upstream Concentration	Min. Required Upstream Challenge	Sustained Penetration (Leak) Not to Exceed	Total Number of Leaks Found
_____	_____	_____	_____

LEAK LOCATIONS

Check One: Supply (Downflow) Filter
 Exhaust Filter



Comments including methodology of leak repair for types of leaks found (if any): _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

EXHAUST HEPA FILTER LEAK TEST – TYPE B CABINET DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Aerosol Photometer: Mfr: _____ Model #: _____ Serial #: _____

Aerosol Generator: Mfr: _____ Model #: _____ Serial #: _____

DATA

Cabinet/Filter CFM	Number of Laskin Nozzles Used	Theoretical Calculated Upstream Concentration	Aerosol Generator Pressure Gauge Setting
_____	_____	_____	_____
Actual Measured Upstream Concentration	Min. Required Upstream Challenge	Sustained Penetration (Leak) Not to Exceed	Sustained Penetration (Leak) Measured
_____	_____	_____	_____
Description of Probe Test Methodology: _____			

Comments including methodology of leak repair for types of leaks found (if any): _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

VIBRATION TEST DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Vibration Analyzer: Mfr: _____ Model #: _____ Serial #: _____

Meter reads in which of the following ? Choose One: <input type="checkbox"/> Inches <input type="checkbox"/> Meters <input type="checkbox"/> Mil Inches <input type="checkbox"/> Centimeters <input type="checkbox"/> Micro Inches <input type="checkbox"/> Millimeters <input type="checkbox"/> Other: _____	Analyzer Functionality Choose One: <input type="checkbox"/> RMS <input type="checkbox"/> Peak-to-Peak <input type="checkbox"/> Other: _____	Probe Placement is in center of which of the following? <input type="checkbox"/> Work Tray/Surface <input type="checkbox"/> Work Area including intake grills. <input type="checkbox"/> Other: _____
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DATA

<u>Specifications</u>				
<u>Probe Location</u>				<u>Maximum Allowable Vibration</u>
Side-to-Side Measurement _____”	Front-to-Back Measurement _____”	Placement Side-to-Center _____”	Placement Front-to-Center _____”	_____ Inches RMS
<u>Formula for Conversion of As-Measured Data to Inches RMS</u>		<u>As-Measured Data Prior to Conversion</u> Gross Vibration Level: _____ Background Vibration Level: _____ Net Vibration Level: _____		
<u>Final Data</u>				
Gross Vibration Level _____ Inches RMS	Background Vibration Level _____ Inches RMS	Net Vibration Level _____ Inches RMS		

Comments or corrective action required: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

LIGHTING INTENSITY TEST DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Light Meter: _____ Mfr: _____ Model #: _____ Serial #: _____

Meter reads in which of the following? Choose One:			*Probe Placement is along the centerline of which of the following? Choose One:		
<input type="checkbox"/> Foot-candles	<input type="checkbox"/> lux	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Work Tray	<input type="checkbox"/> Wall-to-Wall	<input type="checkbox"/> Other: _____

DATA

<u>Specifications</u>			
<u>Probe Location</u>			
Readings are taken no closer than _____" from _____.	Distance Centerline is From Inside Edge of Above* _____"	Side-to-Side Distance Between Readings _____"	
Maximum Allowable Average Light Intensity _____	Minimum Allowable Average Light Intensity _____	Maximum Allowable Background Average Light Intensity _____	
Formula for conversion to foot-candles (if other units are used):			
<u>As-Measured Data</u>			
Meter Scale Used to Take Measurements _____	Number of Readings _____	Average Light Intensity _____	Average Background Light Intensity _____

INDIVIDUAL LIGHT INTENSITY POINT READINGS

Background Light Intensity							
Cabinet Light Intensity							

Comments or corrective action required: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

NOISE LEVEL TEST DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Sound Meter: _____ Mfr: _____ Model #: _____ Serial #: _____

The proper weighting to use for this test is? Choose One: _____ →	<input type="checkbox"/> db A <input type="checkbox"/> Linear <input type="checkbox"/> db B <input type="checkbox"/> Micro inches <input type="checkbox"/> db C <input type="checkbox"/> Millimeters <input type="checkbox"/> Other: _____
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DATA

<u>Specifications</u>			
Side-to-Side Measurement _____"	Probe Location Side-to-Center _____"	Above Work Surface _____"	
<u>Maximum Allowable Noise Level</u> _____	<u>Maximum Allowable Background Level</u> _____	A Correction Factor is Required When the Difference Between the Gross Noise Level and Background Noise Level is ≤ _____	
<u>As-Measured Data Prior to Correction</u>			
Meter Scale Used to Take Measurements _____	Gross Noise Level _____	Background Noise Level _____	*Total Noise Level _____
<u>Final Data</u>			
*Total Noise Level Prior to Correction _____	Correction Factor to Apply _____	Net Noise Level _____	

Comments or corrective action required: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

SITE INSTALLATION ASSESSMENT TEST DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Device: _____ Reads: CFM LFM Mfr: _____ Serial #: _____ Model #: _____

DATA

<u>Airflow Alarm</u>	Total Exhaust CFM	% Loss of CFM to Alarm	Audible Exhaust Alarm Seconds	Visual Exhaust Alarm Seconds	Pass/Fail
Method Used to Lower Exhaust Volume:	_____	_____	_____	_____	_____

<u>Sash Alarm</u>	Manufacturer's Sash Height	Alarm Activation Height	Audible Sash Alarm	Visual Sash Alarm	Pass/Fail
	_____	_____	_____	_____	_____
<u>Interlocks</u>					Pass/Fail

<u>Exhaust System Performance</u>	Canopy (Thimble) or Hard Ducted	Static Pressure	For Canopy (Thimble) Only: Direction of Visible Smoke		Pass/Fail
	_____	_____	_____		_____

Comments: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

AIRFLOW SMOKE PATTERN TEST DATA SHEET

CABINET INFORMATION

Mfr: _____ Model #: _____ Serial #: _____ Class II Type: _____

MEASUREMENT DEVICE INFORMATION

Source of Visible Cold Smoke: _____ Chemical Composition: _____

DATA

Downflow:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail, Reason:
View Screen Retention:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail, Reason:
Work Opening Edge Retention:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail, Reason:
Work Opening Edge Retention:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail, Reason:
Sash/Window Retention:	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail, Reason:

Comments: _____

Result of this individual test only: Pass Fail

Signature: _____ Date: _____

Examiner: _____ Date: _____