State of Illinois
Illinois Department of Public Health

Air balancing matrix 4F

IDPH number _____

To be completed by design engineer							To be completed by test and air balance technician						
			Design CFM VAV Min/Max				Actual CFM VAV min/max			Percent of design			
Room number	Room use	Space volume	Supply	Return	Exhaust	Pressure relationship +0-	Supply	Return	Exhaust	Supply	Return	Exhaust	Actual # air changesper hour

Form # 482-0651-0720114F

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Pressurization
0 = Equal: Within +/- 10% of design CFM supply and return/exhaust.
+ = Positive: Exceeds 10% or 50 CFM (which ever is greater) supply CFM over return/exhaust CFM.
- = Negative: Exceeds 10% or 50 CFM (which ever is greater) return/exhaust CFM over supply CFM.
Actual values listed that are more than 10% departure from design values without clarification will not be accepted.

I **certify that the air conditioning and ventilation systems have been tested and balanced in accordance with the plans and specification, NFPA 90A/90B and/or NFPA 99 (for OR's, Labs, etc.) and the Illinois Hospital Licensing Act**

Air balance technician name & company _____

Signature _____ Date _____

Comments _____