

BALANCING QUOTE REQUEST

To provide fast and reliable air balancing quotes, please complete this information and fax it to Performance Air Balancing Diagnostics, Inc. We will return a proposal for the project as soon as possible. Thank you for requesting a quote.

Name of project _____ City _____

Estimated date when balancing will be needed _____

YES NO

NBC Certification, other certification _____

Number of supply and return grilles _____

Number of units or air handlers list tons or total CFM _____

Number of exhaust fans with CFM _____

Number of chillers, pumps, boilers with sizes _____

Number of VAV boxes, or sub zones _____

Number of hydronic balancing stations _____

Number of exhaust hoods and CFM _____

Number of Makeup air units and CFM _____

Is duct leakage testing required ? Number _____

Is phased work or multiple visits required?

Are a man lift or special ladders required?

Is prevailing wage required?

Is night work required?

If new pulleys or belts, are they to be provided by us?

Will one of your technicians be present to make repairs that may be needed during the balancing work?

Ceiling height? _____

Unusual conditions _____

Quote Requested by _____

Company Name _____

Phone(_____) _____ - _____ Fax(_____) _____ - _____

What time & date do you need this quote returned? _____

DATE

TO

FROM

Performance Air Balancing Diagnostics, Inc.

P.O. BOX 328
Avon Lake, OH 44012
PH 888-930-2004 FX 440-930-0985

