



## Non-Residential

### Air Balancing Report for Principal Ventilation System

*This must be completed and submitted to The Town of High River Safety Codes office prior to final building inspection.*

Building Permit # \_\_\_\_\_ File # \_\_\_\_\_

Project Address: \_\_\_\_\_

Type of Instrument Used: \_\_\_\_\_

Balancing Company: \_\_\_\_\_

Balancing Technician's Name: \_\_\_\_\_

Date Air Balance Performed: \_\_\_\_\_

Report Completion Date: \_\_\_\_\_

Design CFM as per table 9.32.3.3: \_\_\_\_\_

Actual Fresh Air Intake CFM (+/- 10% of design CFM): \_\_\_\_\_

Duct Size for Fresh Air Intake: \_\_\_\_\_

Actual Ventilation / Exhaust Air CFM (+/- 10% of design CFM): \_\_\_\_\_

Duct Size for Ventilation / Exhaust Air: \_\_\_\_\_

***Note: Air Balancing will be confirmed by the Building Safety Codes Officer (Inspector)***

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