



PROJECT #:	PAGE:	DATE:
PROJECT NAME:		
SYSTEM:		
LOCATION:		
TECHNICIAN:		



**DUCT TRAVERSE DATA**

ZONE	DUCT SIZE	T Y P E	AREA (ft <sup>2</sup> )	Required Velocity FPM	Required CFM	Actual Test Velocity FPM	Actual Test CFM	Duct Static Pressure IN. W.C.	R M K S

SAMPLE

TYPE: TYPE: 1-RECTANGLE, 2-CIRCLE, 3-FLAT OVAL

REMARKS

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