Air flow measurement recording sheet



NHBC Building Control

AIR FLOW MEASUREMENT (FIXED SYSTEM 1 FANS ONLY)									
Customer									
Dwelling address									
Test date									
TEST EQUIPMENT									
Air flow measurement equipment used (Please state model and type)									
Date of UKAS calibration				Certificate No.					
Model No.									
Test method used		Tick	Please refer to NHBC Guidance Note for further information on Methods						
Method 1 - unconditional method			Complete boxes (a), (b), (c), (d), (g) and (h)						
Method 2 - conditional method			Complete boxes (a), (b), (c), (d), (e), (f), (g) and (h)						
Method 3 - minimum benchmark method		Complete boxes (a), (b), (c), (d), (g) and (h) (15 1/s = 12 1/s), (30 1/s = 24 1/s) or (60 1/s = 35 1/s)							
AIR FLOW MEASUREMENTS									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	
Fan reference	Manufacturer	Model	Measured extract rate (I/s)	Fan correction factor	Corrected extract rate (I/s)	Design extract rate (I/s)	Pass/ fail	Reason for failure	
			TESTE	NCINEED'S DETAI	l C				
TEST ENGINEER'S DETAILS Name									
Company									
Address									
Tel									
Emails									

Further copies of this form can be downloaded from: www.nhbc.co.uk

