

Company		<i>Please Click Here To Upload Your Logo</i>
Name:		
Address:		
Date:	Enter the speed setting and circle airflow units.	
<u>EXHAUST HIGH</u> Airflow Rate: _____ CFM (L/s) _____ Speed Setting	<u>EXHAUST LOW</u> Airflow Rate: <input type="checkbox"/> HIGH <input type="checkbox"/> MED <input type="checkbox"/> LOW <u>or</u> Speed # ___ = ___ CFM (L/s)	
<u>SUPPLY HIGH</u> Airflow Rate: <input type="checkbox"/> HIGH <input type="checkbox"/> MED <input type="checkbox"/> LOW <u>or</u> Speed # ___ = ___ CFM (L/s)	<u>SUPPLY LOW</u> Airflow Rate: <input type="checkbox"/> HIGH <input type="checkbox"/> MED <input type="checkbox"/> LOW <u>or</u> Speed # ___ = ___ CFM (L/s)	
Installed by:		HRAI #:
Balanced by:		HRAI #:
For Service Call:		

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