

Project Name: RPC Bow Unit Redevelopment

Project Number: 171-04394-00

Equipment ID: Diffuser



## Diffuser Data Sheet

Equipment ID	<input type="text"/>	Location:	<input type="text"/>
Manufacturer:	<input type="text"/>	Area Served:	<input type="text"/>
Model No.:	<input type="text"/>	Drawing Ref.:	<input type="text"/>
Serial No.:	<input type="text"/>	Connected AHU System	<input type="text"/>

## Performance Data

	Design	Shop Drawing	Installed		Comments
Size	<input type="text"/>	<input type="text"/>	<input type="text"/>	in/in	<input type="text"/>
Airflow - Maximum	<input type="text"/>	<input type="text"/>	<input type="text"/>	CFM	<input type="text"/>
Airflow - Minimum	<input type="text"/>	<input type="text"/>	<input type="text"/>	CFM	<input type="text"/>

## Installation Check-List

Item	Status			Comments
	Yes	No	N/A	
Balancing damper installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installation matches detail requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diffuser connected to duct and ceiling system as per manufacturer's recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Air balancing complete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Commissioned By:	<input type="text"/>
Company:	<input type="text"/>
Date:	<input type="text"/>
Signature:	<input type="text"/>

Project Name: RPC Bow Unit Redevelopment

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## Sink Data Sheet

Equipment ID	<input type="text"/>	Location:	<input type="text"/>
Manufacturer:	<input type="text"/>	Area Served:	<input type="text"/>
Model No.:	<input type="text"/>	Drawing Ref.:	<input type="text"/>
Serial No.:	<input type="text"/>		<input type="text"/>

## Performance Data

	Design	Shop Drawing	Installed		Comments
Size	<input type="text"/>	<input type="text"/>	<input type="text"/>	in	<input type="text"/>
Number of taps	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>
Manual or electronic	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>

## Installation Check-List

Item	Status			Comments
	Yes	No	N/A	
Sink installed as recommended by manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Faucet handles at right angles when off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hardware connected securely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Escutcheons installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate hot and cold water flow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Commissioned By:	<input type="text"/>
Company:	<input type="text"/>
Date:	<input type="text"/>
Signature:	<input type="text"/>