

# BALANCING QUOTE REQUEST

To provide fast and reliable air balancing quotes, please complete this information and fax it to Performance Air Balancing Diagnostics, Inc. We will return a proposal for the project as soon as possible. Thank you for requesting a quote.

Name of project \_\_\_\_\_ City \_\_\_\_\_

Estimated date when balancing will be needed \_\_\_\_\_

YES NO

NBC Certification, other certification \_\_\_\_\_

Number of supply and return grilles \_\_\_\_\_

Number of units or air handlers list tons or total CFM \_\_\_\_\_

Number of exhaust fans with CFM \_\_\_\_\_

Number of chillers, pumps, boilers with sizes \_\_\_\_\_

Number of VAV boxes, or sub zones \_\_\_\_\_

Number of hydronic balancing stations \_\_\_\_\_

Number of exhaust hoods and CFM \_\_\_\_\_

Number of Makeup air units and CFM \_\_\_\_\_

Is duct leakage testing required ? Number \_\_\_\_\_

Is phased work or multiple visits required?

Are a man lift or special ladders required?

Is prevailing wage required?

Is night work required?

If new pulleys or belts, are they to be provided by us?

Will one of your technicians be present to make repairs that may be needed during the balancing work?

Ceiling height? \_\_\_\_\_

Unusual conditions \_\_\_\_\_

Quote Requested by \_\_\_\_\_

Company Name \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

What time & date do you need this quote returned? \_\_\_\_\_

DATE

TO

FROM

Performance Air Balancing Diagnostics, Inc.  
P.O. BOX 328  
Avon Lake, OH 44012  
PH 888-930-2004 FX 440-930-0985

