

Project Name: _____



DATE OF INSPECTION: _____

**Certified Environmental, Inc.
Indoor Air Quality Monitoring**

Location of Supply and Return Grilles



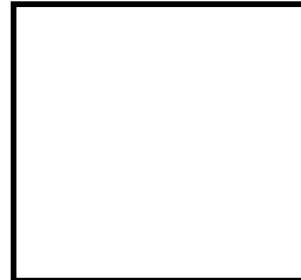
	Smoke Released Mid-Room	Duration for Smoke to Disperse in Area (Seconds)		Smoke Released Supply Grille	Vigorous Sluggish No Flow	Smoke Released Return Grille	Vigorous Sluggish No Flow
7		1-3 Good / 3-5 Borderline / > 5 Poor	7				
8			8				
9			9				
10			10				
11			11				
12			12				
1			1				
2			2				
3			3				
4			4				
5							

Supply Diffusers / Grilles Zone



	Supply 1 (FPM)	Supply 2 (FPM)	Room +/-
7			
8			
9			
10			
11			
12			
1			
2			
3			
4			
5			

Environmental Measurements Diagram

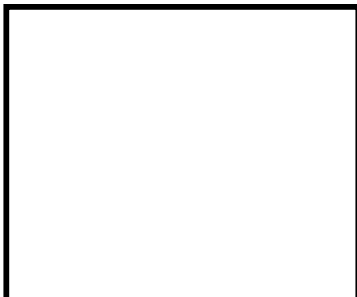


Dimensions

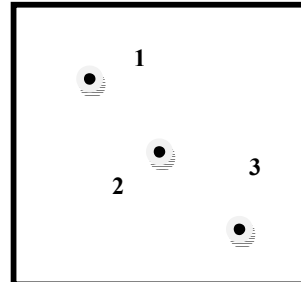
L _____ Ft
W _____ Ft
H _____ Ft

Area _____ SF
Area _____ CF

Return Diffusers / Grilles Zone



	Return 1 (FPM)	Return 2 (FPM)	Room +/-
7			
8			
9			
10			
11			
12			
1			
2			
3			
4			
5			



Temp and RH
° F %

_____ 0' to 3' _____
_____ 3' to 6' _____
_____ 6' to 9' _____

Time												
7	1	2	3	1	2	3	1	2	3	1	2	3
8												
9												
10												
11												
12												
1												
2												
3												
4												
5												

Time						
7	1	2	3	1	2	3
8						
9						
10						
11						
12						
1						
2						
3						
4						
5						

Contaminant Pathways / Contaminants Identified: _____

Form Completed by: _____ / _____
Print or Type Name Signature