Company Mechanical
Street address
City, State, Zip
(000) 000-0000

PROJECT: name xxxxxxxx
Location: address xxxxxxxxxc
city xxxxxx

SYSTEM: Carrier 50 HJ008
AC 6 2nd floor
Test Apperatus: FlowHood, Model CFM-83, SN# 4263

AREA	OUTLET			DESIGN	Design	Design	MINIMUM		FINAL	Final
SERVED	NO.	TYPE	SIZE	CFM	Unit	O.A./Return	DES	ACT	CFM	O.A./Return