



**DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION**

1555 Berger Drive, Suite #300 • San Jose, CA 95112

Main line: (408) 918-3400

Email: dehplanchek@deh.sccgov.org

Website: deh.santaclaracounty.gov

HOOD AIR BALANCE WORK SHEET AND CHECK LIST GUIDE

Use a separate worksheet for each hood or segment of hood as needed

Hood name or number (match name or number on plans): _____

Hood length and width: _____

Make and model of hood: _____

Make and model number of exhaust fan: _____

Make and model number of makeup air fan: _____

Type I or Type II exhaust hood? (circle one) Custom or listed exhaust hood? (circle one)

List all equipment under hood: _____

Formula used for hood (Use formula provided by Hood Manufacturer if hood is listed, use CMC formula if hood is custom): _____

Number of ducts: _____

Size of duct in inches: _____

Area of duct (square feet): _____

Net surface area per filter (do not include filter borders. Net filter area available from manufacturer): _____

Number of filters: _____

Total net surface area _____

Average velocity (FPM) measured at all filters: _____

Are there any blanks installed: Y/N If yes, where are blanks installed? _____

Design CFM: _____

Actual CFM measured: _____

Actual Duct velocity (measured CFM divided by duct area): _____

(Velocity must be between 500 and 2500 feet per minute FPM).

MAKE UP AIR EVALUATION

Make up air velocity: _____

Type of Diffuser: _____

Net area of Diffuser: _____

Number of Makeup air Diffusers: _____

Total CFM supplied by Makeup air fan measured: _____

CFM remainder from HVAC system: _____

Makeup air system interlocked with exhaust system? (required) _____

Submit the building air balance report along with this document when required to verify total building pressure.



**DEPARTMENT OF ENVIRONMENTAL HEALTH
CONSUMER PROTECTION DIVISION**

1555 Berger Drive, Suite #300 • San Jose, CA 95112

Main line: (408) 918-3400

Email: dehplanchek@deh.sccgov.org

Website: deh.santaclaracounty.gov

Exhaust Hood Filter Calculations

Project Name: _____ Test Date: _____

Project Location: _____ Project Number: SR _____

Testing Agency: _____ Contact name/number: _____

Certifying Organization: _____ Type of equipment used for measurement: _____

Last calibration date: _____ Size of Filters: _____

FPM per Filter: _____ Type of Filters: _____

Formula used: Average fpm/filter x effective area (in square feet)

List all data in feet per minute:

Five readings per filter

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

_____	_____
_____	_____
_____	_____

Total CFM Exhausted through the Filter Bank: _____