



SERVICE REQUEST FORM		For IDQ use only SR No.: IDQ-2026SR-_____	
TEED-Thermal and Environmental Engineering Department Air Conditioning System Testing		Obra No.: _____ Version: IDQ-Q-202601	
Client:		P.O. No.(If applicable):	
Address:		Tel:	
E-Mail:		Fax:	
Project name:		Contact person:	
Project address:			

Price list item no.	Test items	Unit price	Quantity	Amount
7.1	Air Balancing Test	\$5,000.00		
7.2	Water Balancing Test	\$5,000.00		
7.3	Duct Leakage Test	\$4,000.00		
7.4	Pipe Pressure Test (witness)	\$1,500.00		
7.5	Differential Pressure Measurement	\$2,000.00		
7.6	Vibration Test	\$2,000.00		
7.7	Stairs Pressurization System Testing Services (Differential Pressure · Air Flow Velocity at the Door · Opening Force for the Door)	\$5,000.00		
7.8	Equipment performance Test	\$5,000.00		
7.9	Non-office hour testing			
7.9.1	Mon-Thu 17:45-00:00. Fri 17:30-00:00 (Except holidays)	50% of basic charge		
7.9.2	Mon-Fri 00:00-09:00 (Except holidays)	100% of basic charge		
7.10	Saturday, Sunday, public holiday or government holiday(09:00-18:00)	50% of basic charge		
7.11	Saturday, Sunday, public holiday or government holiday(18:00-00:00)	100% of basic charge		
7.12	Saturday, Sunday, public holiday or government holiday(00:00-09:00)	150% of basic charge		
7.13	Labor holiday additional charge	200% of basic charge		
7.14	Attendance fee (applicable to the case which attended to the scene but the conditions are not available to test.)	\$500.00		
For IDQ use only		Discount :	%	
		Total :	MOP	

Remark : NOTE :
ALL SERVICES ARE SUBJECT TO THE TERMS AND CONDITIONS OF THE PRICE LIST AND REMARKS (7.1-7.8).
THE TEST METHOD ACCORDING THE OPERATION INSTRUCTION TO PROCESS.

For IDQ use only	AD contact person: Contact person:	<input type="checkbox"/> Cannot provide the related service
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**By signing this SRF, you are aware of and agree to comply with the conditions of service and corresponding remarks in the " IDQ Service Price List" and are bound by them.

Client's acceptance: Signature & company stamp: Date:	Received by: Date:	Approved by: Date:	Confirmed by: Date:
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