

**Air / Gastight Single Swing Door Questionnaire**

*If pressure (positive or negative) is to be applied to both sides of door system, complete every question. If pressure (positive or negative) is to be applied to one side, complete the applicable line item under each question.*

1.     a. What type of gas is on positive pressure side of door? Gas/air \_\_\_\_\_ or Other \_\_\_\_\_  
        b. What type of gas is on negative pressure side of door? Gas/air \_\_\_\_\_ or Other \_\_\_\_\_  
        If Other, please explain:  
        \_\_\_\_\_  
        \_\_\_\_\_
  
2.     a. What is pressure on positive side of door? \_\_\_\_\_ PSF \_\_\_\_\_ inch water gauge  
        b. What is pressure on negative side of door? \_\_\_\_\_ PSF \_\_\_\_\_ inch water gauge.
  
3.     a. Does pressure seat the door into the frame? \_\_\_\_\_  
        b. Does pressure unseat the door against the hardware? \_\_\_\_\_  
        If pressure is applied to both sides of door system, explain which pressure: \_\_\_\_\_  
        \_\_\_\_\_
  
4.     Is pressure loading continuous? \_\_\_\_\_
  
5.     a. Will pressure differential ever be applied against opposing faces of the door? \_\_\_\_\_ If so, explain applicable pressures: \_\_\_\_\_  
        b. Will normally negative pressure side of door ever become the positive pressure side of the door through pressure differential transfer? \_\_\_\_\_ If so, provide data on pressures, frequency, etc.  
        \_\_\_\_\_
  
6.     What is allowable leakage rate? \_\_\_\_\_ cfm at \_\_\_\_\_ inch water gauge or \_\_\_\_\_ PSI per linear foot \_\_\_\_\_ of perimeter seal.
  
7.     Measurement test method:  
        a. Soap bubble: Specify pressure \_\_\_\_\_ time period \_\_\_\_\_ or  
        b. Factory test per ASTM E-283. \_\_\_\_\_
  
8.     Is a spare set of seals required? \_\_\_\_\_
  
9.     Is compressed air available if inflatable seals are required? \_\_\_\_\_
  
10.    Specify door size(s):  
        Mark No. \_\_\_\_\_: \_\_\_\_\_ wide x \_\_\_\_\_ high  
        Mark No. \_\_\_\_\_: \_\_\_\_\_ wide x \_\_\_\_\_ high  
        Mark No. \_\_\_\_\_: \_\_\_\_\_ wide x \_\_\_\_\_ high  
        Mark No. \_\_\_\_\_: \_\_\_\_\_ wide x \_\_\_\_\_ high
  
11.    Attach floor plan with this questionnaire.