**Dispensing Booth ID:** …………………………. **Location:** ………………

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| **Date** | **Pressure Differential Recording** | | **Recorded**  **By** | **Remarks** |
| **Across Pre-filter (Limit : 3 mmwc to**  **8 mmwc)** | **Across HEPA**  **(Limit : 5 mmwc to 20 mmwc)** |
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