

Isolation Room Design Worksheet

Your answers help our engineering team understand your project and provide accurate recommendations. **Once complete, email this form to engineering@aircontrolproducts.com.**

Type of Room: Select all that apply

Airborne Infection Isolation (AII) Room	<input type="checkbox"/>
Protective Environment (PE) Room	<input type="checkbox"/>

Air Distribution: Select all that apply

Overhead Laminar	<input type="checkbox"/>
Overhead Mixing	<input type="checkbox"/>

Airflow: Please provide supply + exhaust details

Supply:	
Patient Room <input type="checkbox"/>	Anteroom <input type="checkbox"/>

Exhaust:		
Patient Room <input type="checkbox"/>	Anteroom <input type="checkbox"/>	Patient Restroom <input type="checkbox"/>

Airflow Control: Select all that apply

High Accuracy Terminal	<input type="checkbox"/>
Anteroom to Patient Room	<input type="checkbox"/>

Pressure Monitoring: Select all that apply

Corridor to Anteroom	<input type="checkbox"/>
Anteroom to Patient Room	<input type="checkbox"/>

Filtration: Select all that apply

HEPA <input type="checkbox"/>	ULPA <input type="checkbox"/>
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ISOLATION ROOM

