

# Water Vapor Transmission Analysis Data Sheet

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Architect / Engineer: \_\_\_\_\_

Analysis Requested By: \_\_\_\_\_

Acrocrete Distributor / Representative: \_\_\_\_\_

Design Conditions		Exterior	Interior
Winter	Design Temperature:	_____	_____
	Design Humidity:	_____	_____
Summer	Design Temperature:	_____	_____
	Design Humidity:	_____	_____

Wall Components	Thickness of Component
1. Exterior Air Film	0.0
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____
11. Interior Air Film	0.0

**ALL OF THE ABOVE INFORMATION MUST BE COMPLETED FOR PROPER ANALYSIS OF THE PROJECT. PLEASE INDICATE UNITS OF MEASURE FOR ALL VALUES.**

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