HVAC Checklist - Short Form

Building Name:		Address:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Completed by:		Date:	File Number:	
AIR HANDLING UNIT	* * * * * * * * * * * * * * * * * * *	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
■ Unit Identification		Area served		
Outdoor Air Intake, Mixing Pler	num, and Damper	-		
Outdoor air intake location			**************************************	
■ Nearby contaminant sources?	(describe)			
Bird screen in place and unob	ostructed?			
Design total cfm	outdoor air (O.A.) cfr	n date last t	ested and balanced	
■ Minimum % O.A. (damper set	ting) M	inimum cfm O.A. (total	cfm x minimum % O.A.)	
■ Damper control sequence (de	scribe)	وسندور ويسترون فالمتراوات والمتراوات والمتراوات والمتراوات والمتراوات والمتراوات والمتراوات والمتراوات والمتراوات		<u> </u>
■ Condition of dampers and co	ntrols (note date)	ritery distribution and the second section of the second distribution and distribution and distribution and distri		
Fans				
■ Control sequence)			
■ Indicated temperatures	supply air	mixed air r	eturn air outdoor air	
 Actual temperatures 	supply air	mixed air r	eturn air outdoor air	www.www.man
Coils		_		
■ Heating fluid discharge temp	erature ΔΤ	cooling fluid dis	charge temperature \Delta T	
■ Controls (describe)				
■ Condition (note date)				land a second
Humidifier				
■ Type	if biocide is	used, note type		10 Zako 3
■ Condition (no overflow, drain	s trapped, all nozzles wo	orking?)		
■ No slime visible growth or n	nineral denosits?			

Indoor Air Quality Forms

HVAC Checklist - Short Form Address: ___ Building Name: __ Completed by: _____ Date: ____ File Number: ___ DISTRIBUTION SYSTEM Supply Air Return Air Power Exhaust Zone/ System ducted/ ducted/ cfm* control cfm* Room unducted unducted (e.g. toilet) Type Condition of distribution system and terminal equipment (note locations of problems) Adequate access for maintenance? ___ ■ Ducts and coils clean and obstructed? ____ # Air paths unobstructed? supply _____ return ____ transfer ____ exhaust ____ make-up ____ Note locations of blocked air paths, diffusers, or grilles Any unintentional openings into plenums? ■ Controls operating properly? _____ ■ Air volume correct? ____ ■ Drain pans clean? Any visible growth or odors? **Filters** Location Condition (give date) Type/Rating Size Date Last Changed