HVAC Checklist - Short Form

Building Name: _____ Address: _____

Completed by: _____ Date: _____ File Number: _____

Sections 2, 4 and 6 and Appendix B discuss the relationships between the HVAC system and indoor air quality.

MECHANICAL ROOM

- Clean and dry? _____ Stored refuse or chemicals? _____
- Describe items in need of attention _____

MAJOR MECHANICAL EQUIPMENT

- Preventive maintenance (PM) plan in use? _____

Control System

- Type _____
- System operation _____
- Date of last calibration _____

Boilers

- Rated Btu input _____ Condition _____
- Combustion air: is there at least one square inch free area per 2,000 Btu input? _____
- Fuel or combustion odors _____

Cooling Tower

- Clean? no leaks or overflow? _____ Slime or algae growth? _____
- Eliminator performance _____
- Biocide treatment working? (list type of biocide) _____
- Spill containment plan implemented? _____ Dirt separator working? _____

Chillers

- Refrigerant leaks? _____
- Evidence of condensation problems? _____
- Waste oil and refrigerant properly stored and disposed of? _____

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AIR HANDLING UNIT

■ Unit identification _____ Area served _____

Outdoor Air Intake, Mixing Plenum, and Damper

■ Outdoor air intake location _____

■ Nearby contaminant sources? (describe) _____

■ Bird screen in place and unobstructed? _____

■ Design total cfm _____ outdoor air (O.A.) cfm _____ date last tested and balanced _____

■ Minimum % O.A. (damper setting) _____ Minimum cfm O.A. $\frac{\text{(total cfm x minimum \% O.A.)}}{100}$ = _____

■ Current O.A. damper setting (date, time, and HVAC operating mode) _____

■ Damper control sequence (describe) _____

■ Condition of dampers and controls (note date) _____

Fans

■ Control sequence _____

■ Condition (note date) _____

■ Indicated temperatures supply air _____ mixed air _____ return air _____ outdoor air _____

■ Actual temperatures supply air _____ mixed air _____ return air _____ outdoor air _____

Coils

■ Heating fluid discharge temperature _____ ΔT_____ cooling fluid discharge temperature _____ ΔT_____

■ Controls (describe) _____

■ Condition (note date) _____

Humidifier

■ Type _____ if biocide is used, note type _____

■ Condition (no overflow, drains trapped, all nozzles working?) _____

■ No slime, visible growth, or mineral deposits? _____

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DISTRIBUTION SYSTEM

Zone/ Room	System Type	Supply Air		Return Air		Power Exhaust		
		ducted/ unducted	cfm*	ducted/ unducted	cfm*	cfm*	control	serves (e.g. toilet)

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	Type/Rating	Size	Date Last Changed	Condition (give date)

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OCCUPIED SPACE

Thermostat types _____

Zone/ Room	Thermostat Location	What Does Thermostat Control? (e.g., radiator, AHU-3)	Setpoints		Measured Temperature	Day/ Time
			Summer	Winter		

Humidistats/Dehumidistats type _____

Zone/ Room	Humidistat/ Dehumidistat Location	What Does It Control?	Setpoints (%RH)	Measured Temperature	Day/ Time

■ Potential problems (note location) _____

■ Thermal comfort or air circulation (drafts, obstructed airflow, stagnant air, overcrowding, poor thermostat location)

_____

_____

■ Malfunctioning equipment _____

■ Major sources of odors or contaminants (e.g., poor sanitation, incompatible uses of space)

_____