

Sample Indoor Air Quality Commissioning Checklist

NAME OF SCHOOL	Forest Lake Elementary		
NAME OF COMMISSIONING AGENT	John Doe		
TITLE AND ORGANIZATION	Risk Manager, Forest City School System		
1. Zone number or name	1. West wing	2. Library and media center	3. Counselor's office
2. Zone description	6 classrooms	—	office and waiting room
3. Date and time of inspection for the zone	7/8/08, 10am	7/8/08, 11am	7/8/08, 1pm
4. Number of expected occupants in the zone	180	60	2
5. Minimum outdoor air supply for each zone, CFM per person	15	20	20
6. Minimum outdoor air needed for this zone, Line 4 x Line 5	2700	1200	40
7. Total CFM measured at intake	2900	700	40
8. Is Line 7 greater than or equal to Line 6?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Location of outdoor air intake grille	roof	north wall	north wall
10. Location of air handling unit	in penthouse on roof	mechanical rm near lib entry	on wall under window
11. Can air filters be quickly and easily accessed without the use of tools?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Are filters the correct efficiency, properly seated, with no gaps to allow by-pass?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Is air handling unit clean, especially the air filters and heating/cooling coils?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Is drain pan clean and draining properly, not having any standing water?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. Duct work and damper controls appear to be properly labeled?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Are ducts clean, and if ducts are lined with insulation, is the insulation dry?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Do all of the areas within this zone smell acceptable (no objectionable odors)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. There are not any visible signs of water damage or mold growth in this zone	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Is the relative humidity in this zone between 30% and 60%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 85%	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the ground next to the walls of this zone sloping away from the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. Does the O&M Manual contain details for operating & maintaining this zone ?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the O&M training for the school and walkthrough for this zone been completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No