

**APPENDIX 13.1-F**

**HVAC CHECKLIST - SHORT FORM**

Command \_\_\_\_\_ Building \_\_\_\_\_.

Completed By \_\_\_\_\_ Date \_\_\_\_\_.

**MECHANICAL ROOM**

Clean and dry? \_\_\_\_\_.

Stored refuse or chemicals? \_\_\_\_\_.

Describe items needing attention. \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

**MAJOR MECHANICAL EQUIPMENT**

Preventive maintenance (PM) plan in use? If yes, describe. \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

**Control System**

Type \_\_\_\_\_ Last calibration date \_\_\_\_\_.

System Operation \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

**Boiler**

General condition \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

Rated BTU input \_\_\_\_\_.

Combustion air: Is there at least 1 in<sup>2</sup> free area/2,000 BTU? \_\_\_\_\_.

Fuel or combustion odors? \_\_\_\_\_.

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**Cooling Tower**

General condition? (Clean? Leaks or overflow? Slime/algal growth?) \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_.

Eliminator performance \_\_\_\_\_.

\_\_\_\_\_.

Biocide treatment used? If yes, list type, date of last application, visual assessment of effectiveness, etc. \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_.

Spill containment plan implemented? \_\_\_\_\_.

\_\_\_\_\_.

Dirt separator working? \_\_\_\_\_.

\_\_\_\_\_.

**Chillers**

Refrigerant leaks? \_\_\_\_\_.

\_\_\_\_\_.

Evidence of condensation problems? \_\_\_\_\_.

\_\_\_\_\_.

Proper storage and disposal of waste oil and refrigerant? \_\_\_\_\_.

\_\_\_\_\_.

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**AIR HANDLING UNIT**

Unit identification \_\_\_\_\_ Area served \_\_\_\_\_.

**Outdoor Air Intake, Mixing Plenum, and Dampers**

Outdoor air intake location \_\_\_\_\_.

Nearby contaminant sources? If yes, describe. \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

Bird screen in place and unobstructed? \_\_\_\_\_.

Design total cfm? \_\_\_\_\_ Design outdoor air (O.A.) cfm \_\_\_\_\_.

Minimum % O.A. (damper setting)? \_\_\_\_\_.

Minimum cfm O.A.  $\frac{(\text{total cfm} \times \text{minimum \% O.A.})}{100} =$  \_\_\_\_\_.

Date last tested and balanced? \_\_\_\_\_.

Results? \_\_\_\_\_.

Current O.A. damper setting (note date, time, and HVAC operating mode) \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

Describe damper control sequence. \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

Condition of dampers and controls? (note date) \_\_\_\_\_.

\_\_\_\_\_  
\_\_\_\_\_.

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**Fans**

Control sequence \_\_\_\_\_.

General 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 \_\_\_\_\_  $\Delta T$  \_\_\_\_\_.

Cooling fluid discharge temperature \_\_\_\_\_  $\Delta T$  \_\_\_\_\_.

Controls (describe) \_\_\_\_\_.

General condition (note date) \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

**Humidifier**

Type \_\_\_\_\_.

General condition (Clean? Leaks or overflow? Slime/algal growth?) \_\_\_\_\_.

\_\_\_\_\_.

\_\_\_\_\_.

Biocide treatment used? If yes, list type, date of last application, visual assessment of effectiveness, etc. \_\_\_\_\_.

\_\_\_\_\_.

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#### DISTRIBUTION SYSTEM

| Zone/<br>Room | System<br>Type | Supply Air |     | Return Air |     | Power Exhaust |         |        |
|---------------|----------------|------------|-----|------------|-----|---------------|---------|--------|
|               |                | Ducted?    | CFM | Ducted?    | CFM | CFM           | Control | Serves |
|               |                |            |     |            |     |               |         |        |
|               |                |            |     |            |     |               |         |        |
|               |                |            |     |            |     |               |         |        |
|               |                |            |     |            |     |               |         |        |
|               |                |            |     |            |     |               |         |        |

Condition of distribution system and terminal equipment (note locations of problems)

Adequate access for maintenance? \_\_\_\_\_.

Ducts and coils clean and unobstructed? \_\_\_\_\_.

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? (Clean? Leaks or overflow? Slime/algal growth?) \_\_\_\_\_  
\_\_\_\_\_

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**FILTERS**

| Location | Type/Rating | Size | Last Changed? | Condition |
|----------|-------------|------|---------------|-----------|
|          |             |      |               |           |
|          |             |      |               |           |
|          |             |      |               |           |
|          |             |      |               |           |

**OCCUPIED SPACE - THERMOSTAT TYPES**

| Zone/<br>Room | Thermostat<br>Location | What Does Thermostat<br>Control? | Setpoints |        | Measured<br>Temperature | Day/Time |
|---------------|------------------------|----------------------------------|-----------|--------|-------------------------|----------|
|               |                        |                                  | Summer    | Winter |                         |          |
|               |                        |                                  |           |        |                         |          |
|               |                        |                                  |           |        |                         |          |
|               |                        |                                  |           |        |                         |          |
|               |                        |                                  |           |        |                         |          |
|               |                        |                                  |           |        |                         |          |

Comments/Observations \_\_\_\_\_ .

\_\_\_\_\_ .

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**HUMIDISTAT/DEHUMIDISTAT TYPES**

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

Potential problems (note location) \_\_\_\_\_.

Thermal comfort or air circulation problems (drafts, obstructed flow, overcrowding, tampering, etc.) \_\_\_\_\_.

Malfunctioning equipment \_\_\_\_\_.

Major sources of odors or contaminants \_\_\_\_\_.

**ADDITIONAL NOTES, COMMENTS OR OBSERVATIONS**

Comments/Observations \_\_\_\_\_.

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