

VENTILATION SYSTEM EVALUATION FORM

Please complete this form in accordance with instructions in the accompanying guidance document

Part 1.0 General Information

Date of evaluation:	Building contact name and phone:
Evaluation team (list name and affiliation):	
(Environmental professional)	
(HVAC professional)	
Building address:	Type of Facility (check all that apply):
	☐ Residential
	☐ Multi-use
	☐ Other (describe)
Date of construction:	
Number of residential units:	Number of floors:
Prior inspection report/maintenance records available for review?:	
Other comments	
Ventilation system types (check all that apply and indicate total no. of units)	
☐ Central ventilation system Est. no. of units	☐ Mechanical exhaust system Est. no. of units
☐ Mechanical make-up air system Est. no. of units	☐ Passive shaft/duct Est. no. of units
☐ Other (describe)	

I certify that to the best of my knowledge, the information and observations recorded on this form including all attachments are a true and accurate representation of site conditions.

Ventilation System (HVAC) Evaluator

Date

Part 2.0 Visual Inspection Forms

Use the attached forms to document visual inspections. Complete the forms in accordance with instructions in the accompanying guidance document.