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.