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.