

Avaltroni, Robert

From: Callahan.Kathy@epamail.epa.gov
Sent: Friday, December 20, 2002 3:23 PM
To: krishr@nyc.dep.gov
Cc: Gilsenan, Michael; Avaltroni, Robert; Maldonado, Jane
Subject: Fw: Ventilation system final inspection checklist and guidance



HVAC_CHECKLIST_ Guidance for
sent to EPA_rev... Evaluation Form...

krish, hi! here is the latest version of the new HVAC checklist and the directions for completing it. ray was not able to forward it to you from his home. as i discussed with bob a. we would like to meet with you and your expert (i'm sorry i am not recalling his name right now.) to go over the checklist and what we want to say to the contractors to brief them on how to implement. can you make it on monday at 10 am? ray and staff will be there. we can then decide when to bring in the contractors.

let me know if this is a problem. we are all anxious to get the direction for the future set up, i know. thanks. call if you have questions; i am in for a few more hours. kathy

Kathleen C. Callahan
212-312-3116
212-827-3115 (fax)

----- Forwarded by Kathy Callahan/R2/USEPA/US on 12/20/2002 03:11 PM -----

Ray	Dore LaPosta/R2/USEPA /US@EPA 12/20/2002 11:36 AM	To: Kathy Callahan/R2/USEPA/US@EPA, Basso/R2/USEPA/US@EPA cc: Subject: Fw: Ventilation system final and guidance
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Here is

Sent from my BlackBerry Wireless Handheld.

----- Original Message -----

From: Ann Eckmann [aECKMANN@covinoinc.com]
Sent: 12/20/2002 12:13 PM
To: Dore LaPosta/R2/USEPA/US@EPA
Subject: Ventilation system final inspection checklist and guidance

Dore, Following please find our final checklist and guidance. Please call if you have questions or need additional information - I will be here

until

3:30 p.m. today. You can always get in touch with me by contacting our office. If I don't hear back from you today have a nice holiday.

Ann Eckmann

781-988-2555 (phone)

781-988-9402 (fax)

aeckmann@covinoinc.com (email)

(See attached file: HVAC_CHECKLIST_sent to EPA_rev 1f.doc) (See attached file: Guidance for Evaluation Form_rev2.doc)

VENTILATION SYSTEM EVALUATION FORM

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

Part 1 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 Visual Inspection Forms

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

2.1 Central Ventilation System Visual Inspection Form

Page 1 of 2

Ventilation System Identification:			
Location:		Area Served:	
Associated mechanical room: clean ☐ Y ☐ N dry ☐ Y ☐ N stored chemicals/refuse ☐ Y ☐ N			
System Components [NOTE: If component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]	Surface Dust/Debris Present?	WTC Dust Present?	Component • not present • not found • inaccessible
Outside air intake: Location:			
Accessible for inspection? Y ☐ N ☐ (explain):			
- louvers, grates and/or screens			
- outside air duct			
- outside air damper(s)			
Air handling unit:			
- outside air mixing chamber			
- filter rack(s)			
- filter media			
- blower assembly incl. blower wheel, blower housing, air vanes, in-line noise attenuators			
- blower housing acoustical lining			
- pre-heat coils			
- heating coils			
- cooling coils			
- re-heat coils			
- condensate drain pan			
- supply air plenum			
- supply air plenum damper(s)			
- vibration collars			
Supply air distribution:			
- Supply air ducts Est. total ln ft _____ No. locations inspected _____ Specify type (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
- Accessible in-line fire dampers Est. total qty _____ No. locations inspected _____			
- Accessible turning vanes Est. total qty _____ No. locations inspected _____			
- In-line reheat/cooling coils Est. total qty _____ No. locations inspected _____			
- Supply air diffusers Est. total qty _____ No. locations inspected _____			
Return air distribution:			
- Return air ducts Est. total ln ft _____ No. locations inspected _____ Specify type (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
- Return air plenum Est. total RA plenum areas _____ No. locations inspected _____			
- Return air plenum damper Est. total qty _____ No. locations inspected _____			
- Accessible in-line fire dampers Est. total qty _____ No. locations inspected _____			
- Accessible turning vanes Est. total qty _____ No. locations inspected _____			
- Return air grilles Est. total qty _____ No. locations inspected _____			

2.2 Mechanical Exhaust System Visual Inspection Form**Page 1 of 1**

Mechanical Exhaust System Identification:

Location:		Area Served:	
Associated mechanical room: clean ☐ Y ☐ N dry ☐ Y ☐ N stored chemicals/refuse ☐ Y ☐ N			
System Components [NOTE: if component not present (NP), not found (NF) or inaccessible (I) please indicate in last column]		Surface Dust/Debris Present?	WTC Dust Present?
Exhaust air outlet: Location: _____ Accessible for inspection? Y ☐ N ☐ (explain): _____			Component • not present • not found • inaccessible
– lowers, grates and/or screens			
– outside air duct			
– outside air damper(s)			
Exhaust fan unit:			
– blower assembly incl. blower wheel, housing, air vanes, in-line noise attenuators			
– blower housing acoustical lining			
– vibration collars			
Exhaust air distribution: – Exhaust air ducts Est. total ln ft _____ No. locations inspected _____ Specify type (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
– Accessible in-line fire dampers Est. total qty _____ No. locations inspected _____			
– Accessible turning vanes Est. total qty _____ No. locations inspected _____			
– Exhaust air grilles Est. total qty _____ No. locations inspected _____			
Other (specify):			
Other Information:			
General Impression (indicate recommendations for cleaning based on finding of WTC dust):			
KEY: NP = not present; NF = not found; I = inaccessible; U = unknown			

2.3 Mechanical Make-up Air System Visual Inspection Form**Page 1 of 2**

Mechanical Make-up Air System Identification:			
Location:		Area Served:	
Associated mechanical room: clean ☐ Y ☐ N dry ☐ Y ☐ N stored chemicals/refuse ☐ Y ☐ N			
System Components (if component not present, not found or inaccessible please indicate):	Surface Dust/Debris Present?	WTC Dust Present?	Component • not present • not found • inaccessible
Outside air intake: Location:			
Accessible for inspection? Y ☐ N ☐ (explain):			
- louvers, grates and/or screens			
- outside air duct			
- outside air damper(s)			
Make-up air handling unit:			
- outside air mixing chamber			
- filter rack(s)			
- filter media			
- blower assembly incl. blower wheel, blower housing, air vanes, in-line noise attenuators			
- blower housing acoustical lining			
- pre-heat coils			
- heating coils			
- cooling coils			
- re-heat coils			
- condensate drain pan			
- supply air plenum			
- supply air plenum damper(s)			
- vibration collars			
Make-up air distribution:			
- Make-up air ducts Est. Total In ft _____ No. locations inspected _____ Spec. type (circle): <u>metal</u> <u>fibrous glass lined metal</u> <u>masonry</u> <u>fibrous glass board</u> <u>flex-duct</u> <u>wood</u>			
- Accessible in-line fire dampers Est. total qty _____ No. locations inspected _____			
- Accessible turning vanes Est. total qty _____ No. locations inspected _____			
- In-line reheat/cooling coils Est. total qty _____ No. locations inspected _____			
- Supply air diffusers Est. total qty _____ No. locations inspected _____			
Other (specify):			
Other Information:			
Filter loading (light, moderate, heavy): _____		☐ Abraded/delaminated acoustical lining	
☐ Filter bypass (describe)			

2.3 Mechanical Make-up Air System Visual Inspection Form

Page 2 of 2

General Impression (indicate recommendations for cleaning based on finding of WTC dust):

KEY: = not present; NF = not found; I = inaccessible; U = unknown

2.5 Other Ventilation System Visual Inspection Form**Page 1 of 1**

Note: complete this form only if a ventilation system is located that is not described on forms 2.1 – 2.4

Other Ventilation System Identification:

Location:

Area Served:

Associated mechanical room: clean ☐ Y ☐ N dry ☐ Y ☐ N stored chemicals/refuse ☐ Y ☐ N

System Components

[NOTE: if component is located but is inaccessible (I) please indicate in last column]

**Surface
Dust/
Debris
Present?**

**WTC
Dust
Present?**

**Component
inaccessible?**

Other Information:**General Impression (indicate recommendations for cleaning based on finding of WTC dust):**

KEY: NP = not present; NF = not found; I = inaccessible; U = unknown