**Local Exhaust Ventilation (LEV)**

**Commissioning Report**

|  |  |
| --- | --- |
| **System ID:**  |  |
| **Date of Inspection:**  |  |
| **Report Reference:**  |  |

|  |
| --- |
| **Summary of the Assessment of Control** |
| **Satisfactory** | **Unsatisfactory** |

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| --- |
| Executive Summary |
| The “enter system description” has been subjected to a commissioning procedure, including a thorough examination and test to ensure it can provide adequate control to comply with the Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended). The outcome of this assessment is that the system has been deemed Satisfactory / Unsatisfactory, there are some areas that require attention to improve the system or bring the system into compliance. These are listed below in order of priority |

|  |  |  |  |
| --- | --- | --- | --- |
| Item |  | Responsible person | Due date |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

|  |
| --- |
| Clients Details |
|  |  |
| Name: |  |
| Address: |  |
|  |  |
| Responsible Person: |  |
| Contact details: |  |

|  |
| --- |
| Site Details |
|  |
| Address/site: |
|  |
| Area/room number/name: |
|  |
| Conditions during test: |
|

|  |
| --- |
| LEV Plant Details |
|  |
| Serial number: |  | Asset number: |  |  |
| Brief description of system:(what to be controlled, how to be controlled, number of hoods to be used at any time, system details) |
|  |
| Description of process to be controlled: |
| (including: type of tool/equipment/machinery, frequency of process, duration of process, quantities of substances, operating temperatures, other control measures to be used) |
|  |
| Hazardous substance to be controlled: |
| (including: substance name, WEL, quantity being used, physical form, corrosivity, vapour density) |
|  |
| Test Engineers Details |
| I can confirm that the system addressed by this report has been carried out in full accordance with COSHH Regulation 9 and can be used as the data required for a comparison for ongoing Text Reports. |
| Name: |  | Signature: |  |
|  |
| Contact details: |  |

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| Witnessing |
| The objective is formally to witness, on behalf of the client or his/her representative, the degree to which the requirements of the commissioning specification have been met. The witnessing agent should: 1. be satisfied that, throughout the installation and balancing process, the requirements of the commissioning specification have been met
2. check the flow rate at any selected flow measurement point using a similar instrument and compare with the data recorded by the commissioning engineer and with the designer’s requirements, which should include any permitted tolerance
3. check performance of all plant and systems
4. visually inspect any part of the system to ensure that certification is correct
5. countersign and endorse as necessary the certificate of the appointed commissioning specialist verifying that systems have been balanced in accordance with the specification requirements
6. where required, complete a separate witnessing certificate confirming satisfaction, one copy of which is handed to the commissioning specialist
7. check correct operation of the control system
8. check the correct operation of life safety systems.
9. check the system is in a clean acceptable condition.

The system performance, and effective control of the hazardous substance (or surrogate), was demonstrated by the above in the presence of: |
| Name: |  | Signature: |  |
|  |
| Contact details: |  |

|  |
| --- |
| Additional Plant Information |
|  |  |
| Frequency of testing: | Monthly | 6 monthly | 14 monthly | Other (specify) |
| (Tick one) |  |  |  |  |
|  |
| Evidence of: | COSHH Reg 6 Risk Assessment | DSEAR Reg 5 Risk Assessment | Material Safety Data Sheets |  |
| (Tick) |  |  |  |  |
|  |
| Evidence of: | Design Specification | Logbook | O&M Manual | User training records |
| (Tick) |  |  |  |  |

|  |
| --- |
| DSEAR & ATEX |
|  |
| Is the substance: | Flammable? | Y/N | Explosive? | Y/N |

|  |  |  |  |
| --- | --- | --- | --- |
| Is the generation of an explosive atmosphere: | Present | Likely | Unlikely |
| (Tick one) |  |  |  |
|  |
| DSEAR Zoning: | Work area | Hood | Plant |
|  |  |  |  |
| Lower Explosive Limit: |  | Upper Explosive Limit: |  |
|  |  |  |  |
| Explosion vent panel: |
| Is one required? | Y/N | Is one fitted? | Y/N |
| Is it venting to a safe place? | Y/N | Is it in good condition? | Y/N |
| Explosion non-return damper: |
| Is one required? | Y/N | Is one fitted? | Y/N |
| Is the connecting ductwork suitable? | Y/N |  |  |

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| Conclusions and Comments |

|  |  |
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| Drawings |
| Schematic |
| Line schematic to show key components of the system. |
|  |
|  |  |  |  |
| Notes/Comments: |
|  |
|  |
| General Arrangement |
| Dimensioned drawing of the system to include location of test points and DSEAR exclusion zones. |
|  |
|  |  |  |  |
| Notes/Comments: |
|  |
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| --- |
| Photographs |
|  | Photo | Description/Comments |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
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| 5 |  |  |

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| Assessment |

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| --- |
| Installation |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Element of system | Component check list completed (see Appendix A) | Installed in accordance with the system design?(Tick) | Installed in accordance with manufacturer’s instructions?(Tick) | Comply with Regulations?(Tick) | Comply with industry standards and best practice?(Tick) | Comments |
| Hoods |  |  |  |  |  |  |
| Air flow indication devices |  |  |  |  |  |  |
| Ducting |  |  |  |  |  |  |
| Test points |  |  |  |  |  |  |
| Inspection panels |  |  |  |  |  |  |
| Balancing dampers |  |  |  |  |  |  |
| Filters |  |  |  |  |  |  |
| Pressure gauge to filters |  |  |  |  |  |  |
| Air mover |  |  |  |  |  |  |
| Discharge arrangement |  |  |  |  |  |  |
| Fixings and support systems |  |  |  |  |  |  |
| Electrical installation |  |  |  |  |  |  |
| On/off controls |  |  |  |  |  |  |
| Earth bonding |  |  |  |  |  |  |
| Waste collection |  |  |  |  |  |  |

|  |
| --- |
| Hoods |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hood Ref** | **Type**Receiving | Capture | Partial |Full Enclosure | Other (specify) | **Dimensions** | **Measured** | **Air volume flowrate** | **Future Benchmark** | **Test kit used** |
| **Static pressure** | **Face Velocity** |
| (m) | (Pa) | (m/sec) | (m3/sec) | Velocity(m/sec) | Static Pressure(Pa) | Hotwire / Rotating Vane |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| Hood diversity |  | of |  | in use at any given time. |  |
| Statement on effective capture zone: | The contaminant is / is not released in the effective capture zone of the hood. |
| Method of test:(Provide photographic evidence) | Smoke release | Dust Lamp | Other (specify) |
| Notes/comments:*e.g. Installed in accordance with design, appropriateness, usage, effectiveness of control, air flow indication devices etc*. |  |
| Capture hoods |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is appropriate? | YES (complete below) |  | NO (move to next section) |  |  |

 | YES (complete below) |  | NO (move to next section) |  |  |
| Hood Ref | Size | Capture velocity | Capture distance | Is working zone in capture zone? | Comments |
| (m x m) | (m/sec) | (m) | Yes/No |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Clearance time | Is appropriate? | YES (complete below) |  | NO (move to next section) |  |  |
| Hood Ref | Size | Air volume flow rate | Clearance time | Comments |
| (m x m) | (m3/sec) | (minutes) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Filter | Is a filter fitted? | YES (complete below) |  | NO (move to next section) |  |  |
| Visual assessment |  |  |  |
| Filter type |  | Manufacturer |  |
| Model |  | Serial number |  |
| Filter media type |  | Filtration area (m2) |  |
| Antistatic |  | Condition of filter media |  |
| Air Return to working environment (if yes see below) |  | Filter Monitoring e.g. Alarms |  |
| Cleaning device type(compressed air/shaker/water pump etc) |  | Condition |  |
| Duration of cleaning period |  | Frequency of cleaning |  |
| ATEX Rating |  | Explosion Relief |  |
| Earth bonding |  | Explosion relief location |  |
| Explosion non-return damper |  | High pressure ducting(between plant and non-return damper) |  |
|  |  |  |  |
| Quantitative assessment |  |  |
| Inlet Static pressure (Pa) |  | Outlet Static (Pa) |  |
| Differential Pressure (Pa) |  | Volume Airflow rate (m3/hr) |  |
| Contaminant Breakthrough |  | Filter efficiency |  |
| Notes/comments:*e.g. Installed in accordance with manufacturers design, pressure gauges fitted either side of filter, noise levels, vibration, corrosion etc.* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| HEPA Filter | Is the air returned to the working environment? | YES (complete below) |  | NO (move to next section) |  |  |
|  |  | Is a HEPA filter fitted? | YES (complete below) |  | NO (move to next section) |  |  |
| Visual assessment |  |  |  |
| Filter type |  | Manufacturer |  |
| Model |  | Serial number |  |
| Filter media type |  | Filtration area (m2) |  |
| Condition of filter media |  | Filter Monitoring e.g. Alarms |  |
| Has it been tested toISO14644-3 |  | Test results |  |
| Date of last test |  | Date of next test(minimum 6 to 12month) |  |
|  |  |  |  |
| Quantitative assessment |  |  |
| Inlet Static pressure (Pa) |  | Outlet Static (Pa) |  |
| Differential Pressure (Pa) |  | Volume Airflow rate (m3/hr) |  |
| Contaminant Breakthrough |  | Filter efficiency |  |
| Notes/comments:*e.g. Installed in accordance with manufacturers design, pressure gauges fitted either side of filter, compliance to ISO14644-3 etc.* |  |

|  |
| --- |
| Fan |
| Visual assessment |  |  |  |
| Fan type |  | Type of impeller |  |
| Manufacturer |  | Impeller plate RPM |  |
| Model |  | Impeller direction of rotation |  |
| Fan Serial number |  | Fan Monitoring - Alarms |  |
| ATEX Rating |  | Fan size |  |
| Direction of Rotation |  |  |  |
| Quantitative assessment |  |  |
| Static pressure: |  | Fan Volume Airflow rate (m3/hr) |  |
| Inlet (Pa) |  | Total pressure (Pa) |  |
| Outlet (Pa) |  |  |  |
| Notes/comments:*e.g. Installed in accordance with manufacturers design Are pressure gauges fitted either side of fan, noise levels, vibration, corrosion etc.* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Fan Drive type | **Direct** |  |  | **Belt** |  |  |
| Fan pulley size |  | No. of belts |  |
| Motor pulley size |  | Belt type |  |
| Pulley centres |  | Belt tension |  |
| Measured fan RPM |  | Measured motor RPM |  |
| Notes/comments: |  |

|  |
| --- |
| Motor |
| Electrical supply – Voltage |  | Motor rating (kW) |  |
| Manufacturer |  | Motor Current Plated (Amps) |  |
| Model |  | Motor Current Measured (Amps) |  |
| Motor Serial number |  | Motor plate RPM |  |
| ATEX Rating |  |  |  |
| Notes/comments: |  |

|  |
| --- |
| Controls |
| On/Off or Variable Speed Drive |  | Manual / Automatic |  |
| Speed setting |  | Alarms / Warning devices fitted |  |
| Electrical compliance(evidence of certification to IEE BS7671) |  | Condition |  |
| Notes/comments: |  |

|  |
| --- |
| Other |
| Fire suppression system |  |  |  |
|  |  |  |  |
| Notes/comments: |  |

|  |
| --- |
| Ducting |
| Visual assessment |  |  |  |
| Material |  | Condition – inside |  |
| Balancing dampers |  | Condition – outside |  |
| Flexible ducting condition |  | Inspection hatches |  |
| Earth bonding |  | Explosion hatches |  |
| Notes/comments:*e.g. Installed in accordance with design* |  |
|  |  |
| Quantitative assessment |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Test point Ref** | **Diameter** | **Measured Static pressure** | **Measured Transport Velocity** | **Future****Benchmark** | **Balancing damper position** | **Comment***e.g. Potential for blockage, Ease of access, suitability of test point etc.* |
| (m) | (Pa) | (m/sec) | Velocity(m/sec) | Static Pressure(Pa) | **% closed** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| Discharge Arrangement |
| Type |  | Location |  |
| Stack height |  | Stack discharge velocity |  |
| Notes/comments:*e.g. Effectiveness, risk of recirculation, effect on neighbours, source of make up air etc.* |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Air sampling results | Has air monitoring been conducted? | YES (complete below) |  | NO (move to next section) |  |  |
| Report reference |  | Date of report |  |
| Notes/comments: |  |

|  |
| --- |
| Calibration Certificates |
| Hotwire Anemometer | Rotating Vane Anemometer |
|  |  |
| Manometer | Tachometer |
|  |  |
| Other:……………………… | Other:……………………… |
|  |  |

# Appendix A – Design information checklist



# Appendix A – Filter

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| System: |   |   | Location: |   | HC-1: |   |
| Service: |   |   | Manufacturer: |   |   | AC-1: |   |
| Drawing: |   |   | Certification: |   |   | DATE: |   |
| Supplier: |   |   | Classification: |   |   |   |
| MODEL No.: |   |   | SERIAL No.: |   |   | TYPE: |   |
| **CHECK** | **CHECK DESCRIPTION** | **STATUS** | **INIT.** | **DATE** |
| 1 | Verify the fabric filter physical characteristics comply with the specifications and vendor information. |  |  |  |
| 2 | Inspect for shipping or installation damage. |  |  |  |
|  |
| 3 | Verify that doors, door hardware, and gaskets are properly installed and in good working order. |  |  |  |
| 4 | Verify that filter media is in compliance with specifications and installed properly (type, bag material, finish, grounding, etc) |  |  |  |
| 5 | Manual control damper fitted (if required) functional and left in open state. |  |  |  |
|  |
| 6 | Verify static pressure sensors or test ports are properly located and installed to measure pressure drop across filter media. |  |  |  |
| 7 | Verify that filter cleaning mechanism (pulse-jet, reverse air) is provided and properly installed. If possible, operate cleaning system prior to start-up. Verify compressed air pressure and quality. |  |  |  |
| 8 | Verify that dust removal system complies with specifications and is installed properly. Check belt or chain tension and gearbox oil levels. Verify rotary valve and/or screw conveyor rotation. |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| **Notes and/comments:** |
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|  | **Completed By:** | **Approved By:** | **Accepted By:** |  |
|  |
| Company: |   |   |   |   |  |
| Signature: |   |   |   |   |  |
| Name: |   |   |   |   |  |
| Date: |   |   |   |   |  |

# Appendix A – Air mover (fan)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| System: |   |   | Location: |   | HC-1: |   |
| Service: |   |   | Manufacturer: |   |   | AC-1: |   |
| Drawing: |   |   | Certification: |   |   | DATE: |   |
| Supplier: |   |   | Classification: |   |   |   |
| MODEL No.: |   |   | SERIAL No.: |   |   | TYPE: |   |
| **CHECK** | **CHECK DESCRIPTION** | **STATUS** | **INIT.** | **DATE** |
| 1 | Check all parts against shipping list and purchase order.Note missing or damaged parts below. |  |  |  |
| 2 | Verify nameplate data with specifications and vendor information. |  |  |  |
| 3 | Verify physical characteristics agree with specifications and vendor drawings (rotation, discharge, materials of construction, etc.) |  |  |  |
| 4 | Verify correct type and size of fan wheel is installed per vendors data sheets. Make certain the wheel if of correct rotation and not installed backwards. |  |  |  |
| 5 | Check for physical damage, fan casing and wheel cracks, defects and welding purity. Check interior for debris. |  |  |  |
| 6 | Verify drain(s), access door(s), heat slingers, shaft/bearing guards, belt guard(s) are provided per specification. |  |  |  |
| 7 | Verify that shaft turns freely, fan wheel does not rub or wobble, belts do not contact guard. Rotate by hand not less than 5 full revolutions. |  |  |  |
| 8 | Verify that all grease fittings are extended external to guarding. Fittings must be easily accessible. |  |  |  |
| 9 | Verify that there is a tachometer access hole in belt guard. Hole diameter must not be less than ∅20mm (¾”). |  |  |  |
| 10 | Verify that the fan wheel hub key is in place and set screws are tight. Verify that drive sheave/pulley key is in place and set screws are tight. |  |  |  |
| 11 | Check fan wheel-to-inlet clearance against manufacturers specs. |  |  |  |
| 12 | Verify that all motor bearings are correctly lubricated. |  |  |  |
| **Notes and/comments:** |
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|  | **Completed By:** | **Approved By:** | **Accepted By:** |  |
|  |
| Company: |   |   |   |   |  |
| Signature: |   |   |   |   |  |
| Name: |   |   |   |   |  |
| Date: |   |   |   |   |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| System: |   |   | Location: |   | HC-1: |   |
| Service: |   |   | Manufacturer: |   |   | AC-1: |   |
| Drawing: |   |   | Certification: |   |   | DATE: |   |
| Supplier: |   |   | Classification: |   |   |   |
| MODEL No.: |   |   | SERIAL No.: |   |   | TYPE: |   |
| **CHECK** | **CHECK DESCRIPTION** | **STATUS** | **INIT.** | **DATE** |
| 13 | Verify that fan base is secure per specifications and that unit is level. |  |  |  |
| 14 | If vibration isolators are specified, check that they are installed for uniform deflection as per design. |  |  |  |
| 15 | Belt drive: check proper components; check all fan shaft bearing mounts are secure. |  |  |  |
| 16 | Direct drive: verify mounting and alignment per coupling manufacturer instructions. |  |  |  |
| 17 | Belt drive: check sheave/pulley alignment. Axial alignment shall not exceed 2.5mm per meter (1/32” per foot) of motor / shaft centre-centre distance. |  |  |  |
| 18 | Verify that belt, shaft and coupling guards are installed and secure. |  |  |  |
| 19 | Verify that all duct connections are not binding duct to fan. Verify that flexible connections are built and installed to specifications.Verify alignment of fan and duct. |  |  |  |
| 20 | Check any inlet and outlet dampers for correct installation. Dampers must be free to operate over the desired range. |  |  |  |
| 21 | Verify that variable inlet valve damper is installed with blades in proper alignment. As blades close they must cause air to spin in the same direction as the fan wheel. |  |  |  |
| 22 | Verify the motor rotation will provide proper fan rotation. |  |  |  |
| 23 | Verify the location of local disconnect and motor controls are er specifications and are weatherproof where required. |  |  |  |
| 24 | Verify the fan is properly grounded. |  |  |  |
| **Notes and/comments:** |
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|  | **Completed By:** | **Approved By:** | **Accepted By:** |  |
|  |
| Company: |   |   |   |   |  |
| Signature: |   |   |   |   |  |
| Name: |   |   |   |   |  |
| Date: |   |   |   |   |  |

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| --- | --- | --- | --- | --- | --- | --- |
| System: |   |   | Location: |   | HC-1: |   |
| Service: |   |   | Manufacturer: |   |   | AC-1: |   |
| Drawing: |   |   | Certification: |   |   | DATE: |   |
| Supplier: |   |   | Classification: |   |   |   |
| MODEL No.: |   |   | SERIAL No.: |   |   | TYPE: |   |
| **CHECK** | **CHECK DESCRIPTION** | **STATUS** | **INIT.** | **DATE** |
| 25 | Verify that all painting is per specification. |  |  |  |
| 26 | Verify that insulation (if required) is provided and installed as per specifications. |  |  |  |
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| Company: |   |   |   |   |  |
| Signature: |   |   |   |   |  |
| Name: |   |   |   |   |  |
| Date: |   |   |   |   |  |

# Appendix A – Hoods

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| System: |   |   | Location: |   | HC-1: |   |
| Service: |   |   | Manufacturer: |   |   | AC-1: |   |
| Drawing: |   |   | Certification: |   |   | DATE: |   |
| Supplier: |   |   | Classification: |   |   |   |
| MODEL No.: |   |   | SERIAL No.: |   |   | TYPE: |   |
| **CHECK** | **CHECK DESCRIPTION** | **STATUS** | **INIT.** | **DATE** |
| 1 | All shipping stops, bracing and packaging removed. |  |  |  |
| 2 | Unit installed according to specification in correct location, orientation, airflow direction and adequately supported. |  |  |  |
| 3 | Unit and all associated equipment undamaged, clean and in good condition with all components secure. |  |  |  |
| 4 | Connections to ductwork secure, tightened with gasket in place and visually airtight. |  |  |  |
| 5 | Balancing damper fitted and left in open state. |  |  |  |
| 6 | Non-sparking features provided. |  |  |  |
| 7 | Adequate static earth bonding fitted. |  |  |  |
| 8 | Airflow indication devices fitted and operating within correct range. |  |  |  |
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| **Notes and/comments:** |
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|  | **Completed By:** | **Approved By:** | **Accepted By:** |  |
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| Company: |   |   |   |   |  |
| Signature: |   |   |   |   |  |
| Name: |   |   |   |   |  |
| Date: |   |   |   |   |  |

# Appendix A – Ducting

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| --- | --- | --- | --- | --- | --- | --- |
| System: |   |   | Location: |   | HC-1: |   |
| Service: |   |   | Manufacturer: |   |   | AC-1: |   |
| Drawing: |   |   | Certification: |   |   | DATE: |   |
| Supplier: |   |   | Classification: |   |   |   |
| MODEL No.: |   |   | SERIAL No.: |   |   | TYPE: |   |
| **CHECK** | **CHECK DESCRIPTION** | **STATUS** | **INIT.** | **DATE** |
| 1 | All packaging removed. |  |  |  |
| 2 | Ducting installed according to specification in correct location and adequately supported. |  |  |  |
| 3 | All ducting components are undamaged, clean and in good condition with all secure. |  |  |  |
| 4 | Connections to ductwork secure, tightened with gasket in place and visually airtight. |  |  |  |
| 5 | Control damper fitted (if required) functional and left in open state. |  |  |  |
| 6 | Balancing dampers fitted and left in open state. |  |  |  |
| 7 | Non sparking features provided. |  |  |  |
| 8 | Earth bonding (if required) in place and adequate. |  |  |  |
| 9 | Sufficient leak proof access panels installed. |  |  |  |
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| **Notes and/comments:** |
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|  | **Completed By:** | **Approved By:** | **Accepted By:** |  |
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| Company: |   |   |   |   |
| Signature: |   |   |   |   |
| Name: |   |   |   |   |
| Date: |   |   |   |   |

# Appendix A – Other Equipment (please specify)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| System: |   |   | Location: |   | HC-1: |   |
| Service: |   |   | Manufacturer: |   |   | AC-1: |   |
| Drawing: |   |   | Certification: |   |   | DATE: |   |
| Supplier: |   |   | Classification: |   |   |   |
| MODEL No.: |   |   | SERIAL No.: |   |   | TYPE: |   |
| **CHECK** | **CHECK DESCRIPTION** | **STATUS** | **INIT.** | **DATE** |
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| **Notes and/comments:** |
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|  | **Completed By:** | **Approved By:** | **Accepted By:** |  |
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| Company: |   |   |   |   |  |
| Signature: |   |   |   |   |  |
| Name: |   |   |   |   |  |
| Date: |   |   |   |   |  |