

Air Handling Log

- Make a copy of this log for each air handling unit in the school
- Perform the activities in the Ventilation Checklist for each ventilation unit and use this log to record results
- A "NO" response requires further attention

Name _____

Room or Area _____

School _____

Date Completed _____

Signature _____

ACTIVITY	NEEDS ATTENTION IF "NO"	OK (DATE)	ACTIVITY	NEEDS ATTENTION IF "NO"	OK (DATE)
1. Outdoor air intake not obstructed	__YES __NO		15. Economiser set per specifications	__YES __NO	
2. Outdoor air intake clear of nearby pollutant sources	__YES __NO		16. Fans supplying outdoor air operate continuously during occupied periods	__YES __NO	
3. Outdoor air moving into intake	__YES __NO		17. Air distributions functioning per design	__YES __NO	
4. Filters in good condition, properly installed and no major air leaks	__YES __NO		18. Air flow direction (relative pressures) okay	__YES __NO	
5. Drain pan clean and no standing water	__YES __NO		19. Exhaust fan(s) operating	__YES __NO	
6. Heating and cooling coils clean	__YES __NO		20. Local exhaust fan(s) move enough air to eliminate odours and chemical fumes	__YES __NO	
7. Interior of air handling and ductwork clean	__YES __NO		21. Exhaust ductwork sealed and in good condition	__YES __NO	
8. Mechanical room clean and free of trash and chemicals	__YES __NO		22. Use of chemical smoke to determine air flow direction	__YES __NO	
9. Controls information on hand	__YES __NO		23. Outdoor air supply quantity measured	__YES __NO	
10. Clocks, timers and switches set properly	__YES __NO		24. Outdoor air using carbon dioxide measurements estimated	__YES __NO	
11. Pneumatic controls okay	__YES __NO				
12. Outdoor air damper operating	__YES __NO				
13. Freeze-stat reset	__YES __NO				
14. Mixed air thermostat set properly	__YES __NO				

Activity Number	Notes and Comments