###### C2: Manager’s IAQ Inspections: INDOOR SPACES

Building \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Space \_\_\_\_\_\_\_\_\_\_\_\_\_ Zone \_\_\_\_\_\_\_\_File # \_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Prepared by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Condition | | Priority | |
| Parameter | **OK** | **Not OK** | Notes | **L**  **M**  **H** |
| **Comfort**: No occupant complaints? No. use of heaters/fans etc.? |  |  |  |  |
| **Thermal:** Temperature, humidity, air movement comfortable? Meet standards? |  |  |  |  |
| **Air quality**: No odor, stuffiness? No complaints? |  |  |  |  |
| **Supply air:** Supply air flow adequate? |  |  |  |  |
| **Exhaust and Return?** Exhaust and return air flow adequate? Grilles clean? |  |  |  |  |
| **Lighting**: Brightness OK? No glare? Automatic controls functioning? |  |  |  |  |
| **Acoustics:** No intrusive or annoying sounds? Acoustic privacy maintained? |  |  |  |  |
| **Cleanliness**: No excess dust/dirt? Housekeeping standards met? |  |  |  |  |
| **Moisture:** No signs of moisture damage? Ceiling tiles not stained? |  |  |  |  |
| **Mold:** No visible signs of mold or fungal growth? |  |  |  |  |
| **Pressure**: Pressure is pos/neg as needed to control air flow? |  |  |  |  |
| **Infiltration:** No infiltration? |  |  |  |  |
| **Structure**: Walls, windows, & doors in good condition? |  |  |  |  |