

Commissioning & Inspection Record

This section should be used to record all installation details. The Commissioning Engineer should use the following Parts 1 to 3, to record important information relating to the installation, of which, should be incorporated into the Home Information Pack for the homeowner to keep.

- Part 1 – System details and declarations
- Part 2a – Installation details
- Part 2b – Inspection of installation
- Part 3 – Commissioning details

Part 1 - System Details and Declarations						
1.1 Installation Address Details						
Dwelling Name/Number						
Street						
Locality						
Town						
County						
Post Code						
1.2 Installation Details						
System Classification*	System					
Enter System 1 to 4 as defined by Approved Document F 2010						
Manufacturer						
Model Number						
Serial Number (where available)						
Location of Fan Units	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black; padding: 2px 5px;">1.</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px 5px;">2.</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px 5px;">3.</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px 5px;">4.</td></tr> <tr><td style="border-bottom: 1px solid black; padding: 2px 5px;">5.</td></tr> </table>	1.	2.	3.	4.	5.
1.						
2.						
3.						
4.						
5.						
1.3 Installation Engineer's Details						
Engineer's Name						
Company						
Address Line 1						
Address Line 2						
Telephone Number						
Post Code						

***Note.** If a system has been installed that is not defined by System 1 to 4 in Approved Document F, further installation checks and commissioning procedures may be required. Seek particular guidance from the manufacturer for these systems.

Part 1 - System Details and Declarations continued.**1.4 Commissioning Engineer's Details (if different to 1.3)**

Engineer's Name	
Company	
Address Line 1	
Address Line 2	
Telephone Number	
Post Code	

Part 2a - Installation Details**2.1 Installation Checklist - General (all Systems)****Tick as appropriate**

Has the system been installed in accordance with manufacturer's requirements?	Yes	No
Have relevant system installation clauses been followed as details in Tables 1, 3, 5 and 7 as applicable?	Yes	No
Type of ductwork installed (e.g. rigid, semi-rigid)		
If any deviation from Tables 1, 3, 5 and 7, these should be detailed here.		
Description of installed controls (e.g. timer, central control, humidistat, PIR, etc)		
Location of manual/override controls		

2.2 Installation Engineer's Declaration

Engineer's Signature	
Registration Number (if applicable)	
Date of Inspection	

Part 2b - Inspection of Installation - This section should be completed by the commissioning engineer prior to completing Part 3.**2.3a Visual Inspections - General (all Systems)**

Total installed equivalent area of background ventilators in dwelling	mm	
Total floor area of dwelling	m ²	
Does the total installed equivalent ventilator area meet the requirements given in Tables 5.2a, 5.2b, or 5.2c in ADF?	Yes	No
Have the correct number and location of terminals been installed that satisfies Table 5.2a in ADF?	Yes	No
Is the installation complete with no obvious defects present?	Yes	No
Do all internal doors have sufficient undercut to allow air transfer between rooms? (i.e. 10 mm over and above final floor finish)	Yes	No
Has all protection/packaging been removed such that system is fully functional?	Yes	No
Has the ductwork installation been installed in such manner that air resistance and leakage is kept to a minimum?	Yes	No
Are the correct number and size of background ventilators provided that satisfy ADF?	Yes	No
Has the entire system been installed such that there is sufficient access for routine maintenance and repair/ replacement of components?	Yes	No
Condensation connection is complete and drains to an appropriate location?	Yes	No

Part 2b - Inspection of Installation continued.

2.3b Visual Inspections - General

Tick as appropriate

Have appropriate air terminal devices been installed to allow system balance?	Yes	No
Has the heat recovery unit and all ductwork been effectively insulated where installed in unheated spaces?	Yes	No

2.3c Other Inspections - General

Upon initial start-up, was any abnormal sound or vibration experienced, or unusual smells detected?	Yes	No
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2.3d Inspector's Details

Name	
Company	
Address Line 1	
Address Line 2	
Telephone Number	
Post Code	
Signature	
Competent Person Scheme/Registration Number (if applicable)	
Date of Inspection (completion)	

Part 3 - Commissioning Details

3.1 Commissioning Equipment

Schedule of air flow measurement equipment used, (model and serial)	Date of last UKAS calibration
1.	
2.	
3.	

3.2 Air Flow Measurements – System 1 only

Which Method Are You Using? (NHBC Correction Rate)

Fan reference (as 1.2)	Measured Extract Rate (l/s)	Design Extract Rate (l/s) Refer to Table 5.1a ADF	Fan Rating (l/s)	Minimum Benchmark Performance (l/s)
Extract Fan 1				
Extract Fan 2			Kitchen 60	35
Extract Fan 3			Utility 30	24
Extract Fan 4			Bathroom 15	12
Extract Fan 5			WC 6	6

Part 3 - Commissioning Details continued.

3.3 Air Flow Measurements (Extract) – Systems 3 & 4 only

Room reference (location of terminals)	Measured Air Flow High Rate (l/s)	Design Air Flow High Rate (l/s) Refer to Table 5.1a ADF	Measured Air Flow Low Rate (l/s)	Design Air Flow Low Rate (l/s) Refer to Table 5.1a ADF

3.4 Air Flow Measurements (Supply) – System 4 only

Room reference (location of terminals)	Measured Air Flow High Rate (l/s)	Design Air Flow High Rate (l/s) Refer to Table 5.1b ADF	Measured Air Flow Low Rate (l/s)	Design Air Flow Low Rate (l/s) Refer to Table 5.1b ADF

3.5 Commissioning Engineer's Declaration

Engineer's Signature	
Registration Number (if applicable)	
Date of Commissioning (completion)	