

HVAC Inspection

With the Fulcrum HVAC Inspection Checklist app, you can take measurements, document issues with photo and video, and build custom reports -- instantly. Find the digital version of this form and more at <https://www.fulcrumapp.com/apps/hvac-inspection-checklist>.

General

Building Name _____

Address Street Address _____

City, State, Zip _____

Mechanical Room

- ▶ Clean and dry?
 Yes No

 - ▶ Stored refuse or chemicals?
 Yes No

 - ▶ Describe items in need of attention
-

Major Mechanical Equipment

- ▶ Preventative maintenance (PM) plan in use?
 Yes No
-

CONTROL SYSTEM

Type _____

System operation _____

Date of last calibration _____ / _____ / _____

BOILERS

Rated BTU input _____

Condition _____

▶ Combustion air: is there at least one square inch free area per 2,000 BTU input?

Yes No

▶ Fuel or combustion odors

Yes No

COOLING TOWER

▶ Clean? no leaks or overflow?

Yes No

▶ Slime or algae growth?

Yes No

Eliminator
performance

▶ Biocide treatment working?

Yes No

Type of biocide

▶ Spill containment plan implemented?

Yes No

▶ Dirt separator working?

Yes No

CHILLERS

- ▶ Refrigerant leaks?
 Yes No

 - ▶ Evidence of condensation problems?
 Yes No

 - ▶ Waste oil and refrigerant properly stored and disposed of?
 Yes No
-

Air Handling Unit

Unit identification _____

Area served _____

OUTDOOR AIR INTAKE, MIXING PLENUM, AND DAMPER

Outdoor air intake location _____

Nearby containment sources? _____

- ▶ Bird screen in place and unobstructed?
 Yes No

Design total cfm _____

Outdoor air (O.A.) cfm _____

Date last tested and balanced _____ / _____ / _____

Minimum % O.A. (damper setting) _____

Minimum cfm O.A. _____

Current O.A. damper setting

Date	Time	HVAC Operating Mode
_____	_____	_____

Damper control sequence

Describe _____

Condition of dampers and controls

Note Date _____

FANS

Control sequence _____

Condition Note Date _____

INDICATED TEMPERATURES

Supply air _____

Mixed air _____

Return air _____

Outdoor air _____

ACTUAL TEMPERATURES

Supply air _____

Mixed air _____

Return air _____

Outdoor air _____

COILS

Heating fluid discharge temperature _____

ΔT _____

Cooling fluid discharge temperature _____

ΔT _____

Controls (describe) _____

Condition _____

Date _____ / _____ / _____

HUMIDIFIER

Type _____

If biocide is used, note type _____

Condition
No overflow, drains trapped, all nozzles working? _____

▶ No slime, visible growth, or mineral deposits?

Yes No

Repeatable Section

Print one page per instance. The Fulcrum data collection app allows you to have unlimited repeating fields. Learn more at <https://www.fulcrumapp.com/apps/hvac-inspection-checklist>.

Distribution Systems

Zone / Room _____

System type _____

SUPPLY AIR

▶ Ducted / unducted

Yes No

cfm _____

RETURN AIR

▶ Ducted / unducted

Yes No

cfm _____

POWER EXHAUST

cfm _____

Control _____

Serves (e.g. toilet) _____

End of Repeatable Section

Condition of Distribution System and Terminal Equipment (note locations of problems)

- ▶ Adequate access for maintenance
 Yes No

- ▶ Ducts and coils clean and obstructed
 Yes No

AIR PATHS UNOBSTRUCTED?

- Supply? Yes No
- Return? Yes No
- Transfer? Yes No
- Exhaust? Yes No
- Make-up? Yes No

Note locations of blocked air paths, diffusers, or grilles

Any unintentional openings into plenums?

Controls operating properly? Yes No

Air volume correct? Yes No

Drain pans clean? Yes No

Any visible growth or odors? Yes No

Repeatable Section

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Filters

Location _____

Type / Rating _____

Size _____

Date Last Changed _____ / _____ / _____

Condition _____

Condition Date _____ / _____ / _____

End of Repeatable Section

Repeatable Section

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Occupied Space

Zone / Room _____

Thermostat types _____

Thermostat Location _____

What does thermostat control? (e.g. radiator, AHU-3) _____

Setpoints - Summer _____

Setpoints - Winter _____

Measured temperature _____

Date _____ / _____ / _____

Time _____ : _____ AM / PM

End of Repeatable Section

Repeatable Section

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Humidistats / Dehumidistats

Humidistats / Dehumidistats type _____

Zone / Room _____

Humidistats / Dehumidistats Location _____

What does it control? _____

Setpoints (%RH) _____

Measured temperature _____

Date _____ / _____ / _____

Time _____ : _____ AM / PM

End of Repeatable Section

Problems

- ▶ Potential problems (note location)

- ▶ Thermal comfort or air circulation (drafts, obstructed airflow, stagnant air, overcrowding, poor thermostat control)

- ▶ Major sources of odors or contaminants (e.g. poor sanitation, incompatible uses of space)

Signature

Name
Please print _____

Signature _____

Date _____ / _____ / _____

Time _____ : _____ **AM / PM**



Fulcrum is a mobile app creation platform that lets you digitize checklists like this easily — and automate related workflows! — without writing any code.

Check us out at fulcrumapp.com/checklists