MECHANICAL · HVAC

# Indoor Air Quality (IAQ) Assessment Report

Health & comfort assessment of indoor environment

IAQ ASSESSMENT

Area: _____

Report no.: _____

| SITE / BUILDING | ADDRESS | CLIENT | AREA / ZONE ASSESSED |
|---|---|---|---|
| | | | |
| **DATE OF ASSESSMENT** | **TECHNICIAN** | **INSTRUMENT / CAL.** | **REPORT NO.** |
| | | | |

## 1 IAQ measurements

AS 1668.2

| MEASUREMENT | READING | TYPICAL GUIDELINE | RESULT |
|---|---|---|---|
| Temperature (°C) | | | |
| Relative humidity (%) | | | |
| Carbon dioxide $CO_2$ (ppm) | | | |
| Carbon monoxide CO (ppm) | | | |
| Airflow / ventilation rate (L/s/person) | | | |

## 2 Ventilation & mould assessment

AS 1668.2 / AS/NZS 3666

| # | INSPECTION ITEM | P | F | N/A | COMMENTS |
|---|---|---|---|---|---|
| 1 | Outside-air provision adequate for occupancy | ☐ | ☐ | ☐ | |
| 2 | Mechanical ventilation operating correctly | ☐ | ☐ | ☐ | |
| 3 | Filtration adequate and clean | ☐ | ☐ | ☐ | |
| 4 | No visible mould or microbial growth | ☐ | ☐ | ☐ | |
| 5 | No persistent musty / unusual odours | ☐ | ☐ | ☐ | |
| 6 | Condensation and moisture controlled | ☐ | ☐ | ☐ | |

## 3 Recommendations

FINDINGS AND RECOMMENDED ACTIONS

## ✓ Defects, Notes & Sign-off

Outstanding defects / actions raised this visit:

| TECHNICIAN NAME & SIGNATURE | LICENCE NO. | DATE COMPLETED |
|---|---|---|
| | | |

**Guidance only.** Guideline values for temperature, humidity, $CO_2$ and ventilation are indicative and vary with occupancy and the standard adopted (e.g. **AS 1668.2**, NCC, Safe Work Australia guidance). Mould or contamination concerns may require specialist hygienist assessment. This report does not certify health compliance.