VIII. Section 8 – Operational Controls

A. Operational Controls Sample Form

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| Ventilation Verification and Energy Optimization Assessment |
| **Operational Controls Form** |
| Project Name: | Unit Name: |
| Project Address: | Unit Location: |
| City / Zip Code: | Area Served: |
| **Review control sequences to verify systems will maintain intended conditions during building****operation.** |
|  | **Temperature –** Setpoints match design. |
| **Setpoint** | **Design** |
|  | **Humidity (if applicable) –** Setpoints match design.* Design professional to determine if setpoint should be adjusted to maintain a

relative humidity between 40% and 60%. |
| **Setpoint** | **Design** |
| **Ventilation Schedule Operation** |
|  | **Ventilation operates continuously during occupied hours.*** Occupied hours to include **all** hours building is occupied by staff or patrons (i.e. teachers, security, janitorial staff, night shift, etc.).
* Includes all exhaust fans and fans used to distribute outside air.
 |
|  | **Daily Flush*** Verify a daily flush is scheduled in accordance with current ASHRAE

recommendations and any applicable local or state guidance. |
|  | **Deficiencies** - Document deficiencies, options for adjustment (i.e., Humidity) andrecommendations for additional maintenance, replacement, or upgrades. |
|  | Include relevant screenshots and photographic documentation |

This document is intended to be used solely as an aide when developing the methods, procedures, and forms used in the Ventilation Verification and Energy Optimization Assessment. It is the responsibility of each contractor, supervisor, and technician to ensure that the methods, procedures, and forms used meet the requirements of the local mechanical codes. The National Energy Management Institute Committee makes no representations, whatsoever, that drafting procedures or forms based on this document will meet that requirement of local mechanical codes and expressly disclaims any liability or responsibility regarding the use of this document.

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