

## Building Regulations Part F – Ventilation for Dwellings

### Completion Checklist and Commissioning Sheet

This document is a copy of the commissioning sheet in Appendix C of Part F Volume 1. It must be completed as evidence that the system has been correctly installed, inspected & commissioned.

The person carrying out the commissioning must either:

- a. Be a member of a registered Competent Persons Scheme for ventilation, or:
- b. Provide suitable evidence to the building control body (with the commissioning sheet) to demonstrate their competence.

### Part 1 – System details and declarations

To be completed by the person responsible for the system installation

| 1.1 Address where the ventilation system was installed |                                                                                                       |
|--------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| Dwelling number/name                                   | FLAT 1 The Call Boy                                                                                   |
| Street                                                 | HAMMER STREET                                                                                         |
|                                                        |                                                                                                       |
| Town                                                   | GRAVESEND                                                                                             |
| County                                                 | KENT                                                                                                  |
| Postcode                                               | DA12 2AZ                                                                                              |
| 1.2 System details                                     |                                                                                                       |
| System classification*                                 |                                                                                                       |
|                                                        | Enter 'natural ventilation', 'mechanical extract ventilation' or 'as defined by Approved Document F'. |
| Manufacturer                                           | NUAIRE                                                                                                |
| Model numbers                                          | MRXBOX95AB-WM1                                                                                        |
| Serial number (where available)                        | 4969144                                                                                               |
| Location of fan units                                  | 1. UTILITY CUPBOARD                                                                                   |
|                                                        | 2.                                                                                                    |
|                                                        | 3.                                                                                                    |
|                                                        | 4.                                                                                                    |
|                                                        | 5.                                                                                                    |
|                                                        | 6.                                                                                                    |
|                                                        | 7.                                                                                                    |

\*NOTE: If a system has been installed that is not defined in Approved Document F, further installation checks and commissioning procedures may be required. Seek guidance from the manufacturer for such systems.

| 1.3 Person responsible for the installation                        |                        |
|--------------------------------------------------------------------|------------------------|
| Name                                                               | JONATHAN ROBERTS       |
| Company                                                            | AIR OPTIONS            |
| Address line 1                                                     | UNIT 23                |
| Address line 2                                                     | MATILDA CLOSE          |
| Postcode                                                           | ME8 0GH                |
| Telephone number                                                   | 07803564644            |
| Email address                                                      | AIROPTIONS-1@GMAIL.COM |
| 1.4 Person responsible for the commissioning (if different to 1.3) |                        |
| Name                                                               | SAME AS ABOVE          |
| Company                                                            |                        |
| Address line 1                                                     |                        |
| Address line 2                                                     |                        |
| Postcode                                                           |                        |
| Telephone number                                                   |                        |
| Email address                                                      |                        |

## Part 2a – Installation details

To be completed by the person responsible for the system installation before commissioning

| 2a.1 Installation checklist – general (all systems)                                        | Tick as appropriate                  |                          |
|--------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| Has the system been installed in accordance with the manufacturer's requirements?          | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Have paragraphs 1.12 to 1.83 in Approved Document F, Volume 1 been followed (if relevant)? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

|                                                                                                                                    |                       |  |  |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------|--|--|
| If there are any deviations from paragraphs 1.12 to 1.83, give details here                                                        | N/A                   |  |  |
| Description of installed controls (e.g. timer, central control, humidistat, occupancy sensor, thermal bypass, if applicable, etc.) | MECHANICAL PLUG TIMER |  |  |
| Location of manual/override controls                                                                                               | FACE OF UNIT          |  |  |

|                                     |                                                                                     |  |  |
|-------------------------------------|-------------------------------------------------------------------------------------|--|--|
| <b>2a.2 Installer declaration</b>   |                                                                                     |  |  |
| Signature                           |  |  |  |
| Registration number (if applicable) |                                                                                     |  |  |
| Date                                | 15 <sup>TH</sup> MAY 2023                                                           |  |  |

## Part 2b – Pre-commissioning installation inspection

To be completed by the person responsible for commissioning the installed system

NOTE: All references to tables and paragraphs are to Approved Document F, Volume 1: Dwellings.

| 2b.1 Visual inspections – general (all systems)                                                                                                   | Tick as appropriate                  |                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------|
| What is the total installed equivalent area of background ventilators in the dwelling?                                                            | 2                                    | m <sup>2</sup>           |
| What is the total floor area of the dwelling?                                                                                                     | 50.36                                | m <sup>2</sup>           |
| Does the total installed equivalent ventilator area meet the standards detailed in Table 1.7 or paragraph 1.57, as appropriate?                   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Have all background ventilators been left in the open position?                                                                                   | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Have the correct number and location of extract fans/terminals been installed to satisfy the standards in Table 1.1 or Table 1.2, as appropriate? | <input checked="" type="radio"/> Yes | <input type="radio"/> No |
| Is the installation complete, with no obvious defects?                                                                                            | <input checked="" type="radio"/> Yes | <input type="radio"/> No |

|                                                                                                                                                                                  |                                      |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----|
| Do all internal doors have enough undercut to allow air transfer between rooms as detailed in paragraph 1.25 (i.e. 10mm above the floor finish or 20mm above the floor surface)? | <input checked="" type="radio"/> Yes | No |
| Has all protection/packaging been removed (including from background ventilators), so that the system is fully functional?                                                       | <input checked="" type="radio"/> Yes | No |
| Are systems clean internally and externally?                                                                                                                                     | <input checked="" type="radio"/> Yes | No |
| Has the entire system been installed to allow access for routine maintenance and to repair/replace components?                                                                   | <input checked="" type="radio"/> Yes | No |

| <b>2b.2 Visual inspections – general (continuous mechanical extract ventilation and mechanical ventilation with heat recovery systems only)</b>  | <b>Tick as appropriate</b>           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|----|
| Have appropriate air terminal devices been installed to allow system balance?                                                                    | <input checked="" type="radio"/> Yes | No |
| Have the heat recovery unit and all ductwork been effectively insulated and sealed for all heated and unheated spaces?                           | <input checked="" type="radio"/> Yes | No |
| Is the condensate connection complete and does the condensate drain to an appropriate location (mechanical ventilation with heat recovery only)? | <input checked="" type="radio"/> Yes | No |
| Are all required filters installed?                                                                                                              | <input checked="" type="radio"/> Yes | No |
| For ducted systems, has the ductwork been installed so that air resistance and leakage is kept to a minimum?                                     | <input checked="" type="radio"/> Yes | No |
| Have controls been set-up in accordance with the manufacturer's recommendations?                                                                 | YES                                  |    |
| Have all distribution grilles been locked to prevent unauthorised adjustment?                                                                    | YES                                  |    |

| <b>2b.3 Other inspections – general (all systems)</b>                              | <b>Tick as appropriate</b>           |                                     |
|------------------------------------------------------------------------------------|--------------------------------------|-------------------------------------|
| At initial start-up, was there any abnormal sound or vibration, or unusual smells? | Yes                                  | <input checked="" type="radio"/> No |
| During continuous operation, is there any excessive noise?                         | <input checked="" type="radio"/> Yes | No                                  |

## Part 3 – Commissioning details

To be completed by the person responsible for commissioning the installed system only after any problems identified in section 2b have been rectified.

If it proves to be impossible to commission the system to meet the design standards, then all issues must be rectified by the installer before the declaration in 3.5 is signed off.

NOTE: All references to tables and paragraphs are to Approved Document F, Volume 1: Dwellings.

| 3.1 Commissioning equipment                                               |                         |                                                          |
|---------------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| Schedule of air flow measurement equipment used (model and serial number) |                         | Date of last UKAS calibration (must be within 12 months) |
| 1.                                                                        | TESTO 4/7 VANE AIR FLOW |                                                          |
| 2.                                                                        | S/N 4029547011610       | 23/03/2023                                               |
| 3.                                                                        |                         |                                                          |

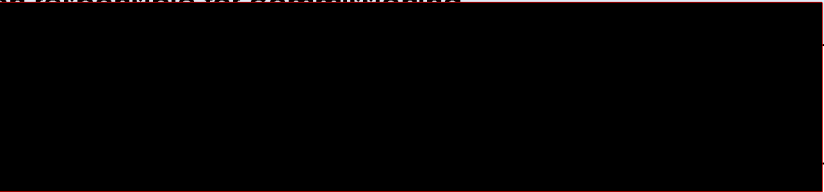
| 3.2 Air flow measurements – intermittent extract fans only       |                             |                                                    |
|------------------------------------------------------------------|-----------------------------|----------------------------------------------------|
| Fan reference (from section 1.2 above)                           | Measured extract rate (l/s) | Design extract rate (l/s)<br>Refer to Table 1.1(1) |
| Extract fan 1                                                    |                             |                                                    |
| Extract fan 2                                                    |                             |                                                    |
| Extract fan 3                                                    |                             |                                                    |
| Extract fan 4                                                    |                             |                                                    |
|                                                                  |                             |                                                    |
|                                                                  |                             |                                                    |
|                                                                  |                             |                                                    |
| For cooker hoods, only the highest setting needs to be recorded. |                             |                                                    |

| 3.3 Air flow measurements (extract) – continuous mechanical extract ventilation and mechanical ventilation with heat recovery only |                                     |                                                                   |                                           |                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|
| Room reference (location of terminals)                                                                                             | Measured air flow – high rate (l/s) | Design air flow – high rate (l/s)<br>Refer to Table 1.2 or design | Measured air flow – continuous rate (l/s) | Design air flow – continuous rate (l/s)<br>Refer to Table 1.3 or design |
| Kitchen                                                                                                                            | 6.3 l/s                             | 7.5 l/s                                                           | 4.2 l/s                                   | 7.5 l/s                                                                 |

|          |         |       |         |         |
|----------|---------|-------|---------|---------|
| Bathroom | 4.5 l/s | 5 l/s | 4.6 l/s | 7.5 l/s |
| Ensuite  |         |       |         |         |
| Utility  |         |       |         |         |
|          |         |       |         |         |
|          |         |       |         |         |
|          |         |       |         |         |

### 3.4 Air flow measurements (supply) – mechanical ventilation with heat recovery only

| Room reference<br>(location of terminals) | Measured air flow – high rate (l/s) | Design air flow – high rate (l/s)<br>Refer to Table 1.2 or design | Measured air flow – continuous rate (l/s) | Design air flow – continuous rate (l/s)<br>Refer to Table 1.3 or design |
|-------------------------------------------|-------------------------------------|-------------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------|
| Living room 1                             | 6.3 l/s                             | 7.5 l/s                                                           | 4.1 l/s                                   | 5                                                                       |
| Living room 2                             |                                     |                                                                   |                                           |                                                                         |
| Dining room                               |                                     |                                                                   |                                           |                                                                         |
| Bedroom 1                                 | 6.7 l/s                             | 7.5 l/s                                                           | 6.4 l/s                                   | 5                                                                       |
| Bedroom 2                                 |                                     |                                                                   |                                           |                                                                         |
| Bedroom 3                                 |                                     |                                                                   |                                           |                                                                         |
| Bedroom 4                                 |                                     |                                                                   |                                           |                                                                         |
| Bedroom 5                                 |                                     |                                                                   |                                           |                                                                         |
|                                           |                                     |                                                                   |                                           |                                                                         |
|                                           |                                     |                                                                   |                                           |                                                                         |
|                                           |                                     |                                                                   |                                           |                                                                         |

| 3.5 Declaration of person responsible for commissioning |                                                                                    |
|---------------------------------------------------------|------------------------------------------------------------------------------------|
| Signature                                               |  |
| Registration number (if applicable)                     |                                                                                    |
| Date of commissioning                                   | 15 <sup>TH</sup> MaY 2023                                                          |

The completed copy of the commissioning sheet should be submitted to the building control body within **5 days** for new dwellings, or **within 30 days** in all other cases.

A copy of the completed commissioning sheet should be given to the building owner, along with operating and maintenance instructions for the ventilation system.

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