

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 4 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)	5552226
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	AIR OPTIONS-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?	☒ Yes	☐ No
Have paragraphs 1.12 to 1.83 in Approved Document F, Volume 1 been followed (if relevant)?	☒ Yes	☐ 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		

2a.2 Installer declaration			
Signature			
Registration number (if applicable)			
Date			

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 ²
What is the total floor area of the dwelling?	50.36	m ²
Does the total installed equivalent ventilator area meet the standards detailed in Table 1.7 or paragraph 1.57, as appropriate?	☒ Yes	☐ No
Have all background ventilators been left in the open position?	☒ Yes	☐ 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?	☒ Yes	☐ No
Is the installation complete, with no obvious defects?	☒ Yes	☐ 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)?	☒ Yes	No
Has all protection/packaging been removed (including from background ventilators), so that the system is fully functional?	☒ Yes	No
Are systems clean internally and externally?	☒ Yes	No
Has the entire system been installed to allow access for routine maintenance and to repair/replace components?	☒ Yes	No

2b.2 Visual inspections – general (continuous mechanical extract ventilation and mechanical ventilation with heat recovery systems only)	Tick as appropriate	
Have appropriate air terminal devices been installed to allow system balance?	☒ Yes	No
Have the heat recovery unit and all ductwork been effectively insulated and sealed for all heated and unheated spaces?	☒ Yes	No
Is the condensate connection complete and does the condensate drain to an appropriate location (mechanical ventilation with heat recovery only)?	☒ Yes	No
Are all required filters installed?	☒ Yes	No
For ducted systems, has the ductwork been installed so that air resistance and leakage is kept to a minimum?	☒ 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	

2b.3 Other inspections – general (all systems)	Tick as appropriate	
At initial start-up, was there any abnormal sound or vibration, or unusual smells?	Yes	☒ No
During continuous operation, is there any excessive noise?	☒ 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.		

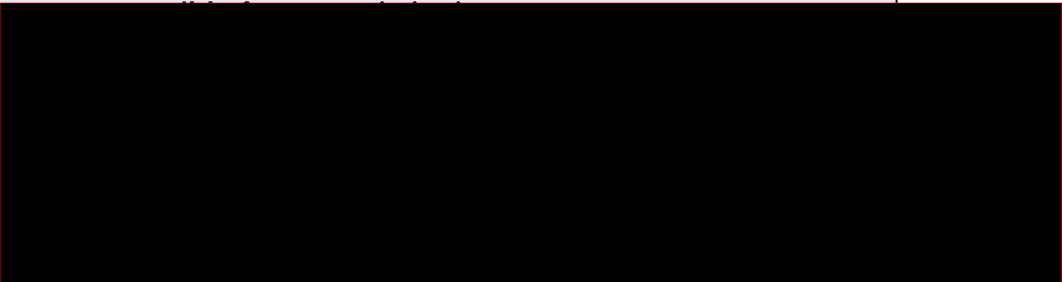
3.2 Air flow measurements – intermittent extract fans only		
Fan reference (from section 1.2 above)	Measured extract rate (l/s)	Design extract rate (l/s) Refer to Table 1.1(1)
Extract fan 1		
Extract fan 2		
Extract fan 3		
Extract fan 4		
For cooker hoods, only the highest setting needs to be recorded.		

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) Refer to Table 1.2 or design	Measured air flow – continuous rate (l/s)	Design air flow – continuous rate (l/s) Refer to Table 1.3 or design
Kitchen	6.1 l/s	7.5 l/s	4.5 l/s	5 l/s

Bathroom	4.8 l/s	7.5 l/s	4.1 l/s	5 l/s
Ensuite				
Utility				

3.4 Air flow measurements (supply) – 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) Refer to Table 1.2 or design	Measured air flow – continuous rate (l/s)	Design air flow – continuous rate (l/s) Refer to Table 1.3 or design
Living room 1	6.3 l/s	7.5 l/s	4.2 l/s	5 l/s
Living room 2				
Dining room				
Bedroom 1	6.7 l/s	7.5 l/s	4.6 l/s	5 l/s
Bedroom 2				
Bedroom 3				
Bedroom 4				
Bedroom 5				

3.5 Declaration of pe	
Signature	
Registration number (applicable)	
Date of commissioning	

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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