

VENTILATION COMPLETION CERTIFICATE

PART 1 – SYSTEM DETAILS AND DECLARATIONS



**Integrated Mechanical,
Electrical & Plumbing
Services**

Watkins House, Leigh Road,
Haine Business Park,
Ramsgate, Kent, CT12 5EU
01843 852277
info@watkins.co.uk
watkins.co.uk

INSTALLATION ADDRESS DETAILS

SITE AND BUILDER	The charter Curo
PLOT NUMBER	Plot E030403
PROPERTY NO AND ROAD NAME	28
TOWN	10 BULL YARD
COUNTY	Gravesend london
POST CODE	DA122FY

INSTALLATION DETAILS

SYSTEM CLASSIFICATION	SYSTEM 1	BACKGROUND VENTILATION
	SYSTEM 2	PASSIVE STACK VENTILATION
	SYSTEM 3	CONTINUOUS MECHANICAL EXTRACT – CENTRALISED OR DE CENTRALISED.
	SYSTEM 4 	CONTINUOUS MECHANICAL SUPPLY AND EXTRACT VENTILATION WITH HEAT RECOVERY.

ENTER SYSTEM 1 TO 4 AS DEFINED BY APPROVED DOCUMENT F 2010

MANUFACTURER	Nuaire MRXBOX
MODEL NUMBERS	MRXBOXAB-ECO2-OH
SERIAL NUMBER	6505912
LOCATIONS & NUMBER OF FAN UNITS	Utility

PART 2A - INSTALLATION DETAILS

INSTALLATION CHECKLIST – GENERAL (ALL SYSTEMS)

HAS THE SYSTEM BEEN INSTALLED IN ACCORDANCE WITH MANUFACTURER'S REQUIREMENTS?	YES		NO	
HAVE RELEVANT SYSTEM INSTALLATION CLAUSES BEEN FOLLOWED AS DETAILED IN TABLES 1, 3, 5 AND 7 AS APPLICABLE?	YES		NO	
TYPE OF DUCTWORK INSTALLED (E.G.) RIGID, SEMI-RIGID	Rigid			
IF ANY DEVIATION FROM TABLES 1, 3, 5 AND 7, THESE SHOULD BE DETAILED HERE.	N/a			
DESCRIPTION OF INSTALLED CONTROLS (E.G. TIMER, CENTRAL CONTROL, HUMIDISTAT, PIR, ETC.)	Humidistat / lights / boost switch			
LOCATION OF MANUAL / OVERRIDE CONTROLS	Utility			

PART 2B INSPECTION OF INSTALLATION
THIS SECTION SHOULD BE COMPLETED BEFORE COMPLETING PART 3.

VISUAL INSPECTIONS – GENERAL (ALL SYSTEMS)

TOTAL INSTALLED EQUIVALENT AREA OF BACKGROUND VENTILATORS IN DWELLING?	Na	MM	Na	
TOTAL FLOOR AREA OF DWELLING?	85.3	M ²	M2	
DOES THE TOTAL INSTALLED EQUIVALENT VENTILATOR AREA MEET THE REQUIREMENTS GIVEN IN TABLES 5.2A, 5.2B, 5.2C IN ADF?	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 THAT SATISFY TABLE 5.2 IN ADF?	YES	✓	NO	
IS THE INSTALLATION COMPLETE WITH NO OBVIOUS DEFECTS PRESENT?	YES	✓	NO	
DO ALL INTERNAL DOORS HAVE SUFFICIENT UNDERCUT TO ALLOW AIR TRANSFER BETWEEN ROOMS (I.E. 10MM OVER AND ABOVE FINAL FLOOR FINISH)?	YES	✓	NO	
HAS ALL PROTECTION/PACKAGING BEEN REMOVED (INCLUDING FROM BACKGROUND VENTILATORS) SUCH THAT SYSTEM IS FULLY FUNCTIONAL?	YES	✓	NO	
FOR DUCTED SYSTEMS, HAS THE DUCTWORK INSTALLATION BEEN INSTALLED IN SUCH MANNER THAT AIR RESISTANCE AND LEAKAGE IS KEPT TO A MINIMUM?	YES	✓	NO	
ARE THE CORRECT NUMBER AND SIZE OF BACKGROUND VENTILATORS PROVIDED THAT SATISFY ADF?	YES	✓	NO	
HAS THE ENTIRE SYSTEM BEEN INSTALLED SUCH THAT THERE IS SUFFICIENT ACCESS FOR ROUTINE MAINTENANCE AND REPAIR / REPLACEMENT OF COMPONENTS?	YES	✓	NO	

MVHR UNIT

CONDENSE DRAIN CONNECTED TO WASTE WITH HEP20 TRAP – NO TUNDISH	YES	✓	NO	
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VISUAL INSPECTIONS – GENERAL (SYSTEMS 3 AND 4 ONLY)

HAVE APPROPRIATE AIR TERMINAL DEVICES BEEN INSTALLED TO ALLOW SYSTEM BALANCE?	YES	✓	NO	
HAS THE HEAT RECOVERY UNIT (SYSTEM 4 ONLY) AND ALL DUCTWORK BEEN EFFECTIVELY INSULATED WHERE INSTALLED IN UNHEATED SPACES?	YES	✓	NO	
CONDENSATE CONNECTION IS COMPLETE AND DRAINS TO AN APPROPRIATE LOCATION (SYSTEM 4 ONLY)?	YES	✓	NO	
HAVE ALL FILTERS BEEN CLEANED AND REPLACED?	YES	✓	NO	

OTHER INSPECTIONS – GENERAL (SYSTEMS 1, 3 AND 4 ONLY)

UPON INITIAL START-UP, WAS ANY ABNORMAL SOUND OR VIBRATIONS EXPERIENCED, OR UNUSUAL SMELLS DETECTED?	YES		NO	✓
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PART 3 - AIR FLOW MEASUREMENT TEST AND COMMISSIONING DETAILS

TEST EQUIPMENT

SCHEDULE OF AIR FLOW MEASUREMENT EQUIPMENT USED (MODEL AND SERIAL)		DATE OF LAST UKAS CALIBRATION
1.	Testo 417	Within first year new
2.		

AIR FLOW MEASUREMENTS (EXTRACT) – SYSTEMS 3 AND 4 ONLY

ROOM REFERENCE (LOCATION OF TERMINALS)	MEASURED AIR FLOW HIGH RATE (l/s)	DESIGN AIR FLOW HIGH RATE (l/s) REFER TO TABLE 5.1A IN ADF	MEASURED AIR FLOW LOW RATE (l/s)	DESIGN AIR FLOW LOW RATE (l/s) REFER TO TABLE 5.1A IN ADF
KITCHEN	AB 13.1	DB 13.	AT. 9.4	DT 8.9
BATHROOM	AB.8.1	DB 8.	AT 6	DT 5.4
EN SUITE	AB 8	DB. 8	AT 5.4	DT 5.4
UTILITY	AB. 8	DB 8	AT. 5.4	DT 5.4
OTHER....				
OTHER....	B=boost T= Trickle			

AIR FLOW MEASUREMENTS (SUPPLY) – SYSTEM 4 ONLY

ROOM REFERENCE (LOCATION OF TERMINALS)	MEASURED AIR FLOW HIGH RATE (l/s)	DESIGN AIR FLOW HIGH RATE (l/s) REFER TO TABLE 5.1B IN ADF	MEASURED AIR FLOW LOW RATE (l/s)	DESIGN AIR FLOW LOW RATE (l/s) REFER TO TABLE 5.1B IN ADF
LIVING ROOM 1	AB 13	DB. 13	AT 9.4	DT. 8.9
LIVING ROOM 2 (IF PRESENT)				
DINING ROOM				
BEDROOM 1	AB. 11.4	DB. 11	AT 7.8	DT. 7.5
BEDROOM 2	AB 11.5	DB. 11	AT 7.8	DT. 7.5
BEDROOM 3				
BEDROOM 4				
BEDROOM 5				
STUDY				

COMMISSIONING – SYSTEMS 3 AND 4 ONLY

HAVE CONTROLS BEEN SET-UP IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDATIONS?	YES	☒	NO	
HAVE ALL DISTRIBUTION GRILLES BEEN LOCKED TO PREVENT UNAUTHORISED ADJUSTMENT?	YES	☒	NO	

TEST ENGINEER'S DETAILS

NAME	Jason white
COMPANY	C . Watkins
ADDRESS	Leigh Road Haine buisness Park
POST CODE	Ct12 5eu
SIGNATURE	
COMPETENT PERSON SCHEME/REGISTRATION NUMBER (IF APPLICABLE)	22/DV-2/138/1730
DATE OF TEST	4 December 2025

NOTES

