



HVAC SURVEY FORM

Name of Property: _____

Prepared by / Position: _____

Square Footage of public gaming area(s): _____

Is smoking allowed in all public gaming areas? ____ Yes ____ No

If no, how many square feet of public gaming is non-smoking? _____

Occupancy of public gaming area(s): _____

Type of HVAC: (Re-circulating) _____ (100% Outside Air) _____ (Other) _____

If other, please specify _____

Minimum setting of outside ventilation at any given time: _____ %

Outside air dampering system: (Fixed) _____ (Variable) _____

If variable: (Thermal) _____ (Demand Controlled) _____

If demand-controlled, controlling factor (i.e. CO2): _____

Direct digital control (BAC) system: (Yes) _____ (No) _____

If yes, manufacturer/program: _____

If no, thermostatic control: (Central) _____ (Zoned) _____

Total tonnage of public gaming area HVAC system: _____

Number/tonnage of package units/fan-coil units (attach list / Manufacturer & Model Numbers)

Placement of package units/fan-coil units: (Rooftop) _____ (Ground) _____

Supply air ductwork: (Exposed) _____ (Concealed) _____

Altitude from supply grilles to floor: _____

Supply air distribution: (Wide) _____ (Narrow) _____



Return air ductwork: (Yes) _____ (No) _____

Altitude from return grilles to floor: _____

No return air ductwork - i.e. open ceiling plenum: (Yes) _____ (No) _____

Exhaust fans: (Yes) _____ (No) _____

If yes: return duct mounted? (Yes) _____ (No) _____

If not duct-mounted, quantity and CFM _____

Suspended ceiling: (Yes) _____ (No) _____

If yes: Height of ceiling: _____

If yes: vertical clearance between t-grid and hard ceiling: _____

If yes: (Tiles) _____ (Frame Only) _____ (Mixed) _____

Briefly describe indoor air quality problems:

Explain when IAQ problems are most noticeable:

Signed: _____ Date: _____

Title: _____

Telephone: (_____) _____ - _____

Email: _____ @ _____

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