

Commissioning & Inspection Record - ADF 2010



This should be used to record all installation details. The Commissioning Engineer should use the following Parts 1 to 3, to record important information relating to the installation, of which, copies should be given to the Building Control Body (BCB), the Developer, the Installer and also be incorporated into the Homeowner Pack for the homeowner to keep.

- **Part 1 – System details and declarations**
- **Part 2a – Installation details**
- **Part 2b – Inspection of installation**
- **Part 3 – Airflow measurement test and commissioning details**

Part 1 – System details and declarations

| 1.1 Installation Address Details | |
|---|----|
| Dwelling Name/Number | |
| Street | |
| Locality | |
| Town | |
| County | |
| Post Code | |
| 1.2 Installation Details | |
| System Classification* | |
| <i>Enter System 1 to 4 as defined by Approved Document F 2010</i> | |
| Manufacturer | |
| Model Numbers | |
| Serial Number (where available) | |
| Location of fan units | 1. |
| | 2. |
| | 3. |
| | 4. |
| | 5. |

**Note. If a system has been installed that is not defined by System 1 to 4 in Approved Document F, further installation checks and commissioning procedures may be required. Seek particular guidance from the manufacturer for these systems.*

Part 2a – Installation details

| 2.1 Installation Checklist – General (all Systems) | Tick as appropriate | |
|--|---------------------|----|
| 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) | | |
| If any deviation from Tables 1, 3, 5 and 7, these should be detailed here. | | |
| Description of installed controls (e.g. timer, central control, humidistat, PIR, etc) | | |
| Location of manual/override controls | | |

| 2.2 Installation Engineer's Details | |
|---|--|
| Name | |
| Company | |
| Address Line 1 | |
| Address Line 2 | |
| Telephone Number | |
| Post Code | |
| Signature | |
| Competent Person Scheme/ Registration Number (if applicable) | |
| Date of Installation (completion) | |

Part 2b – Inspection of Installation

This section should be completed before completing Part 3.

| 2.3a Visual Inspections – General (all Systems) | | |
|---|-----|----------------|
| Total installed equivalent area of background ventilators in dwelling? | | mm |
| Total floor area of dwelling? | | m ² |
| Does the total installed equivalent ventilator area meet the requirements given in Tables 5.2a, 5.2b, or 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 5.2a 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. 10 mm 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 |
| 2.3b 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 |

2.3c Other Inspections – General (Systems 1, 3 and 4 only)

| | | |
|---|------------|-----------|
| Upon initial start up, was any abnormal sound or vibration experienced, or unusual smells detected? | Yes | No |
|---|------------|-----------|

2.3d Inspector's Details

| | |
|---|--|
| Name | |
| Company | |
| Address Line 1 | |
| Address Line 2 | |
| Telephone Number | |
| Post Code | |
| Signature | |
| Competent Person Scheme/ Registration Number (if applicable) | |
| Date of Inspection (completion) | |

Part 3 – Airflow measurement test and commissioning details**3.1 Test Equipment**

| Schedule of air flow measurement equipment used, (model and serial) | Date of last UKAS calibration |
|--|-------------------------------|
| 1. | |
| 2. | |
| 3. | |

3.2 Air Flow Measurements – System 1 only

| Fan Reference (as 1.2) | Measured Extract Rate (l/s) | Design Extract Rate (l/s) Refer to Table 5.1a in ADF |
|---------------------------|-----------------------------|---|
| Extract Fan 1 | | |
| Extract Fan 2 | | |
| Extract Fan 3 | | |
| Extract Fan 4 | | |
| Extract Fan 5 | | |

For kitchen extract canopied, only the highest setting needs to be recorded.

3.3 Air Flow Measurements (Extract) – System 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 ADF | Measured Air Flow Low Rate (l/s) | Design Air Flow Low Rate (l/s) Refer to Table 5.1a in ADF |
|---|--------------------------------------|---|-------------------------------------|---|
| Kitchen | | | | |
| Bathroom | | | | |
| En Suite | | | | |
| Utility | | | | |
| Other... | | | | |
| Other... | | | | |
| Other... | | | | |

3.4 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 5.1a ADF | Measured Air Flow Low Rate (l/s) | Design Air Flow Low Rate (l/s) Refer to Table 5.1a in ADF |
|---|--------------------------------------|---|-------------------------------------|---|
| Living Room 1 | | | | |
| Living Room 2 (if present) | | | | |
| Dining Room | | | | |
| Bedroom 1 | | | | |
| Bedroom 2 | | | | |
| Bedroom 3 | | | | |
| Bedroom 4 | | | | |
| Bedroom 5 | | | | |
| Study | | | | |
| Other... | | | | |

3.5 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 |

3.6 Test Engineer's Details

| | |
|---|--|
| Name | |
| Company | |
| Address Line 1 | |
| Address Line 2 | |
| Telephone Number | |
| Post Code | |
| Signature | |
| Competent Person Scheme/ Registration Number (if applicable) | |
| Date of Test | |