



Appendix A: Indoor Environmental Quality Measurement form for ENERGY STAR Building Verification Site Visit

Instructions: The LP (or their representative) must use this form to record measurements taken during the ENERGY STAR building verification site visit. Forms should be kept on file for two years. Should an ENERGY STAR application be selected for an audit, you will be required to submit this form as supporting documentation. Please attach additional notes pages if necessary.

Property Name: _____

Property Address: _____

LP Name: _____ Site visit date: _____

Information on person conducting the site visit:

Name: _____ Title: _____ Organization: _____

Outdoor Air Ventilation

The LP must verify that the property meets the minimum ventilation rates according to *ANSI/ASHRAE Standard 62.1, Ventilation for Acceptable Indoor Air Quality*.

Select the method used (check all that apply)

- ☐ For mechanically ventilated buildings, the LP must confirm minimum outdoor ventilation rates by any of the following;
 - ☐ Simplified direct airflow measurements per *ANSI/ASHRAE Standard 62.1, Addendum b and Addendum z where applicable¹; Section 6.2, the Ventilation Rate Procedure* where the addenda are not applicable, or
 - ☐ CO₂ concentration measurements per *ASHRAE 62.1 Appendix C*, and *ASTM D6245 Standard Guide for Using Indoor CO₂ Concentrations to Evaluate Indoor Air Quality and Ventilation*, or
 - ☐ Detailed airflow calculations derived from as-built equipment specifications, and physical inspection of system operation and control
- ☐ For naturally ventilated buildings, the LP must follow *ASHRAE 62.1, Section 6.4, Natural Ventilation Procedure* to confirm the minimum outdoor air opening and space configuration requirements.
- ☐ Dwelling units in multifamily housing shall use *ASHRAE 62.2, Ventilation and Acceptable Indoor Air Quality in Residential Buildings*. Hospitals and Senior Care Communities may use *ASHRAE Standard 62.1*, or *ANSI/ASHRAE/ASHE Standard 170: Ventilation of Health Care Facilities - 2013*.
- ☐ For building occupancy types not covered by these standards, buildings with physical constraints that make it infeasible to provide these minimum outdoor air rates, as well as spaces that are inaccessible to the LP (e.g. individual apartments) the LP must use their professional judgement to confirm that outdoor air ventilation has not been compromised in pursuit of energy conservation.

Description of verification method and documentation of measurement results:

¹ For Minimum Outdoor and Primary Airflow Rates for K-12 Schools and Offices, see Addendum b. For Combined Outdoor Air Rate check values for K-12 Schools, Hotels, Residence Halls/Dormitories, Offices/Financial Offices, Bank Branches, Warehouses and Distribution Centers, Worship Facilities, Courthouses, Multifamily Housing, Senior Care Communities (except for strictly-medical spaces), Retail Stores, and Supermarkets, see Addendum z. These addenda do not apply to Hospitals or Medical Offices (for which LPs should refer to *ASHRAE Standard 170, Ventilation of Health Care Facilities*), nor to Data Centers.

Property Name: _____

Thermal Environmental Conditions

The LP must verify that the property meets the acceptable thermal environmental conditions according to *ANSI/ASHRAE Standard 55, Thermal Environmental Conditions for Human Occupancy*.

Location	Space Function	Date and Time	Specific location	Dry bulb Temp. (°F)	Relative Humidity (%)	Air Speed (ft/min) (optional)	Notes and Observations

Property Name: _____

Indoor Lighting Conditions

The LP must verify that the property meets the acceptable minimum illumination levels as recommended by the *Illuminating Engineering Society of North America (IESNA) Lighting Handbook*. Horizontal and/or vertical illumination measurements must be taken. Both measurements are not required.

Location	Space Function	Date and Time	Specific Location	Horizontal Illumination (fc)	Vertical Illumination (fc)	Notes and Observations

I verify that the measurements on this form are accurate and taken in accordance with the requirements described in the ENERGY STAR Licensed Professional's Guide.

LP Signature: _____

Date: _____

Property Name: _____

Notes Section (optional)

Please use this section to document your notes about the site visit.