

**FINAL INDOOR AIR QUALITY CHECKLIST**  
**ASHRAE 62.2 – 2013 Residential Ventilation Standard**

**PRIMARY APPLICANT:**

**OWNER** (if different than Applicant):

\_\_\_\_\_  
First Name MI Last Name

\_\_\_\_\_  
First Name MI Last Name

**PHYSICAL ADDRESS (Property):**

**COMMUNITY ACTION AGENCY (CAA):**

\_\_\_\_\_  
Street

\_\_\_\_\_  
CAA Name

\_\_\_\_\_  
City State Zip

The following ventilation equipment is installed in the Property:

- Bath Fan       Fan timer Switch       Range Hood       In-line Fan

To meet Indoor Air Quality Standards the Inspector has set ventilation equipment to the following specifications:

Cubic Feet per Minute  
(CFM) required \_\_\_\_\_

Measured Exhaust Fan Full  
Speed (CFM) \_\_\_\_\_

Fan/timer operation schedule: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the event of power outage, please refer to the manufacturer's operating instructions to reprogram the original fan/timer settings to those specified above.

**Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy this form was provided to the Applicant as part of client education; a copy is kept with the Applicant's file

\_\_\_\_\_  
Signature of CAA Inspector

\_\_\_\_\_  
Date

\_\_\_\_\_  
CAA Inspector Name

\_\_\_\_\_  
CAA Inspector Phone

**ACKNOWLEDGEMENT**

- I received owner's manuals for all installed ventilation equipment.
- The process of ventilation has been explained to me and I understand that altering the settings/disconnecting the ventilation equipment may result in unhealthy indoor air quality.

**APPLICANT:**

**OWNER** (if different than Applicant):

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Owner Date