**EXECUTIVE SUMMARY OF THE CERTIFICATION REPORT**

* 1. Name of building:
	2. Full address:

|  |  |
| --- | --- |
| * 1. Total number of floors of certified area:
 |  |
| * 1. Age of building:
 |  |

* 1. Assessment of whole building:

□ Yes (Total floor area: m2)

□ No. Please specify the certified location(s) and areas as well as exclusions, if any:

* 1. Name of owner/management\* of building/certified location(s):

*\* Delete as appropriate*

* 1. Contact person(s):
	2. Telephone number:
	3. Fax number:
	4. E-mail address (if any):

|  |  |
| --- | --- |
| □ Education□ Government | □ Non-government□ Quango |

* 1. Nature of applicant:

|  |
| --- |
| □ Government to Private□ Private to Government□ No change |

* 1. Change of applicant nature from previous application?

(not applicable to new application)

* 1. If the certified area is privately owned, is government premises present in the certified location?

□ No

□ Yes, please state name of government premises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Has the following occurred during the validity period of the last certificate (only applicable to re-certification):

□ Change to the usage of premises/buildings which may adversely affect IAQ

□ Major alteration/change to the operation or maintenance of MVAC system

□ Change of IAQ from Good to Excellent Class

□ No change

|  |  |  |
| --- | --- | --- |
| * 1. Main function of certified premises/building

(only select one): | □ Bank□ Clubhouse□ Complex building□ Exhibition/Convention□ Hotel□ Leisure & Cultural Entertainment□ Other: | □ Library□ Municipal services□ Office□ Restaurant□ School/Education□ Shopping mall□ Sports centre□ Theatre/Hall  |
| * 1. The certified location consists of mainly: □ Office □ Public place
 |
| * 1. Type of ventilation system:

(if there is major change/alteration in MVAC system from the last certificate, please attach proof, e.g. MVAC drawings)  | □□□□□□ | Constant Air Volume (CAV) Variable Air Volume (VAV) Fan Coil Unit (FCU)Primary Air Handling Unit (PAU)Air Handling Unit (AHU)Other:  |

* 1. Is the certified area served by more than one set of MVAC system?

□ No

□ Yes (please indicate serving area of each system):

 ­­­­­ ­­­­ ­­­­­

|  |
| --- |
| □ Yes□ No□ Other: \_  |

* 1. Presence of reheat system:

|  |
| --- |
| □ Yes□ No□ Other:  |

* 1. Presence of humidity control system:
	2. For office buildings, do the following premises form part of the building?

|  |  |  |
| --- | --- | --- |
| **Premises** | **Existence** | **Measurements taken in****these premises?** |
| Yes | No | Yes | No |
| Dancing establishment | □ | □ | □ | □ |
| Cinema/Theatre\* | □ | □ | □ | □ |
| Funeral parlour | □ | □ | □ | □ |
| Restaurant/Factory canteen\* | □ | □ | □ | □ |
| Shopping mall  | □ | □ | □ | □ |
| Others (Please specify):  | □ | □ |

\* *Delete as appropriate*

* 1. Date, time, and period# of assessment (attach justification from applicant if necessary):

*# Refers to the sampling period conducted, i.e. 8-hour continuous measurement or surrogate measurement*

* 1. Date of mould inspection

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* 1. Individual IAQ parameters measurement/assessment results:
	*(For re-certification application requiring the measurement of CO2 and PM10, and assessment of mould, please provide the data on CO2 and PM10, and mould assessment results only.)*

(*Note: please also submit a softcopy of all measurement results in accordance with IAQ Information Centre’s prescribed format.*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Parameter** | **No. of sample points collected** | **Highest concentration recorded\*** | **Percentage of compliance** |
| Carbon dioxide (CO2) | 8-hour |  | ppmv / mg/m3 \* | % |
| Carbon monoxide (CO) | 8-hour |  | ppmv / mg/m3 \* | % |
| Respirable suspended particulates (PM10) | 8-hour |  | µg/m3  | % |
| Nitrogen dioxide (NO2) | 8-hour |  | ppbv / µg/m3 \* | % |
| 1-hour |  | ppbv / µg/m3 \* | % |
| Ozone (O3) | 8-hour |  | ppbv / µg/m3 \* | % |
| Formaldehyde (HCHO) | 8-hour |  | ppbv / µg/m3 \* | % |
| 30-minute |  | ppbv / µg/m3\* | % |
| Total volatile organic compound (TVOC)# | 8-hour |  | ppbv / µg/m3\* | % |
| Radon (Rn) | 8-hour |  | Bq/m3 | % |
| Airborne bacteria | 8-hour |  | cfu/m3 | % |
| Relative humidity for Mould | 8-hour |  | % | % |
| Mould |  All compulsory items complied? Y/N Supplementary items checked? Y/N |

*# For alternative compliance check of the TVOC objective with individual VOC measurement, please provide details by completing the table in item (25) below.*

\* *Delete as appropriate*

* 1. Individual VOC measurement results (if applicable):

*(For re-certification requiring the measurement of CO2, PM10, and assessment of mould only, please leave this blank)*

| **VOC Species** | **No. of sample points collected** | **Highest concentration recorded among all sampling points** |
| --- | --- | --- |
| Benzene |  | ppbv / µg/m3\* |
| Tetrachloroethylene |  | ppbv / µg/m3\* |
| Trichloroethylene |  | ppbv / µg/m3\* |
| Naphthalene |  | ppbv / µg/m3\* |
| Polycyclic Aromatic Hydrocarbons (as benzo(a)pyrene) |  | ppbv / ng/m3\* |
| For Excellent class only — Sum of 5 VOCs#  |  | ppbv / µg/m3\* |

*# If the sum of the measurement levels of 5 VOCs is ≤200 µg/m3, then it is regarded as a passed sampling point in respect of TVOC for Excellent Class.*

\* *Delete as appropriate.*

* 1. Based on the assessment results, Class of the IAQ objectives is attained for the above building/location(s)\*.

 *\* Delete as appropriate*

* 1. An IAQ Certificate duly signed by me together with the full IAQ Certification Report are attached.
	2. I, the undersigned, confirm that the information provided above is true and correct to the best of my knowledge.

|  |  |
| --- | --- |
| **Name of competent examiner** : |   |
| **IAQ Certificate** **Issuing Body** : |   |
| **Accreditation Registration Number** : |   |
| **Telephone no.** : |   |
| **Fax no.** : |   |
| **Email address (if any)** : |   |
| **Signature** : |   |
| **Date** : |   |

*Organisation Chop*

*機構印鑑*