



(13) If the certified area is privately owned, is government premises present in the certified location?

- No
  - Yes, please state name of government premises:
- 

(14) 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

(15) Main function of certified premises/building  
(only select one):

- |                                                           |                                             |
|-----------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Bank                             | <input type="checkbox"/> Library            |
| <input type="checkbox"/> Clubhouse                        | <input type="checkbox"/> Municipal services |
| <input type="checkbox"/> Complex building                 | <input type="checkbox"/> Office             |
| <input type="checkbox"/> Exhibition/Convention            | <input type="checkbox"/> Restaurant         |
| <input type="checkbox"/> Hotel                            | <input type="checkbox"/> School/Education   |
| <input type="checkbox"/> Leisure & Cultural Entertainment | <input type="checkbox"/> Shopping mall      |
|                                                           | <input type="checkbox"/> Sports centre      |
|                                                           | <input type="checkbox"/> Theatre/Hall       |

Other: \_\_\_\_\_

(16) The certified location consists of mainly:     Office    Public place

(17) 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: \_\_\_\_\_

(18) Is the certified area served by more than one set of MVAC system?

- No
  - Yes (please indicate serving area of each system):
- 

(19) Presence of reheat system:

- Yes
- No
- Other: \_\_\_\_\_

- (20) Presence of humidity control system:  Yes  
 No  
 Other: \_\_\_\_\_

(21) 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cinema/Theatre*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funeral parlour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restaurant/Factory canteen*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping mall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify): _____			<input type="checkbox"/>	<input type="checkbox"/>

\* Delete as appropriate

(22) Date, time, and period<sup>#</sup> of assessment (attach justification from applicant if necessary):

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

(23) Date of mould inspection

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(24) Individual IAQ parameters measurement/assessment results:  
*(For re-certification application requiring the measurement of CO<sub>2</sub> and PM<sub>10</sub>, and assessment of mould, please provide the data on CO<sub>2</sub> and PM<sub>10</sub>, 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 (CO <sub>2</sub> )	8-hour		ppmv / mg/m <sup>3</sup> *	%
Carbon monoxide (CO)	8-hour		ppmv / mg/m <sup>3</sup> *	%
Respirable suspended particulates (PM <sub>10</sub> )	8-hour		µg/m <sup>3</sup>	%
Nitrogen dioxide (NO <sub>2</sub> )	8-hour		ppbv / µg/m <sup>3</sup> *	%
	1-hour		ppbv / µg/m <sup>3</sup> *	%
Ozone (O <sub>3</sub> )	8-hour		ppbv / µg/m <sup>3</sup> *	%
Formaldehyde (HCHO)	8-hour		ppbv / µg/m <sup>3</sup> *	%
	30-minute		ppbv / µg/m <sup>3</sup> *	%
Total volatile organic compound (TVOC) <sup>#</sup>	8-hour		ppbv / µg/m <sup>3</sup> *	%
Radon (Rn)	8-hour		Bq/m <sup>3</sup>	%
Airborne bacteria	8-hour		cfu/m <sup>3</sup>	%
Relative humidity for Mould	8-hour		%	%
Mould	All compulsory items complied? Y/N			
	Supplementary items checked? Y/N			

<sup>#</sup> 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

(25) Individual VOC measurement results (if applicable):

(For re-certification requiring the measurement of CO<sub>2</sub>, PM<sub>10</sub>, 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/m <sup>3</sup> *
Tetrachloroethylene		ppbv / µg/m <sup>3</sup> *
Trichloroethylene		ppbv / µg/m <sup>3</sup> *
Naphthalene		ppbv / µg/m <sup>3</sup> *
Polycyclic Aromatic Hydrocarbons (as benzo(a)pyrene)		ppbv / ng/m <sup>3</sup> *
For Excellent class only — Sum of 5 VOCs#		ppbv / µg/m <sup>3</sup> *

# If the sum of the measurement levels of 5 VOCs is ≤200 µg/m<sup>3</sup>, then it is regarded as a passed sampling point in respect of TVOC for Excellent Class.

\* Delete as appropriate.

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

\* Delete as appropriate

(27) An IAQ Certificate duly signed by me together with the full IAQ Certification Report are attached.

(28) 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** : \_\_\_\_\_

