

EXECUTIVE SUMMARY OF THE CERTIFICATION REPORT

(1) Name of building : _____

(2) Full address : _____

(3) Total number of floors : _____

(4) Age of building : _____

(5) Assessment of whole building :

Yes (Total floor area: _____m²)

No. Please specify the certified location(s) and areas :

(6) Name of owner or management of building/certified location(s) :

(7) Contact person(s) : _____

(8) Telephone number : _____

(9) Fax number : _____

(10) E-mail address (if any) : _____

(11) Type of premises/building : Office building

Cinema

Restaurant

Shopping mall

Other : _____

(12) Type of ventilation system : Constant Air Volume (CAV)

Variable Air Volume (VAV)

Fan Coil Unit (FCU)

Other: _____

(13) Presence of reheat system : Yes
 No
 Other: _____

(14) Presence of humidity control system : Yes
 No
 Other: _____

(15) Smoking policy : Permitted
 Not permitted
 Not permitted but no restriction to visitors / customers
 Restricted to smoking lounge/area
 Restricted to private office
 Other: _____

(16) For office buildings, do the following premises form part of the building?

Premises	Existence		Have measurement been taken in these premises?	
	Yes	No	Yes	No
Bank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Club house	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnasium / aerobics centre	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supermarket	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coffee Shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please specify) : _____			<input type="checkbox"/>	<input type="checkbox"/>

(17) Date, time, and period of assessment :

(18) Individual IAQ parameters measurement results:

(For re-certification application requiring the measurement of CO₂ and PM₁₀, please provide the data on CO₂ and PM₁₀ only.)

Parameter	No. of sample points collected	Highest concentration recorded [#]	Percentage of compliance
Room temperature		°C	%
Relative humidity		%	%
Air movement		m/s	%
Carbon dioxide (CO ₂)		ppmv	%
Carbon monoxide (CO)		ppmv	%
Respirable suspended particulates (PM ₁₀)		µg/m ³	%
Nitrogen dioxide (NO ₂)		ppbv / µg/m ³⁺	%
Ozone (O ₃)		ppbv / µg/m ³⁺	%
Formaldehyde (HCHO)		ppbv / µg/m ³⁺	%
Total volatile organic compound (TVOC)*		ppbv / µg/m ³⁺	%
Radon (Rn)		Bq/m ³	%
Airborne bacteria		cfu/m ³	%

* For alternative compliance check of the TVOC Objective for **Good Class IAQ Certification** with individual VOC measurement, please provide details by completing paragraph (19) below.

+ Delete as appropriate.

For **Excellent Class**, please record the lowest and the highest readings observed for "Temperature" and "Relative Humidity" (e.g. 18.9°C /26 °C) to demonstrate compliance with the respective IAQ objectives.

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

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

VOC Species	No. of sample points collected	Highest concentration recorded
Benzene		ppbv / µg/m ³⁺
Carbon tetrachloride		ppbv / µg/m ³⁺
Chloroform		ppbv / µg/m ³⁺
1,2-Dichlorobenzene		ppbv / µg/m ³⁺
1,4-Dichlorobenzene		ppbv / µg/m ³⁺
Ethylbenzene		ppbv / µg/m ³⁺
Tetrachloroethylene		ppbv / µg/m ³⁺
Toluene		ppbv / µg/m ³⁺
Trichloroethylene		ppbv / µg/m ³⁺
Xylene (o-, m-, p-isomers)		ppbv / µg/m ³⁺

+ Delete as appropriate.

- (20) Based on the assessment results, _____ Class of the IAQ Objectives is attained for the above building/location(s)*.
- (21) An IAQ Certificate duly signed by me together with the full IAQ Certification Report are attached.
- (22) I, the undersigned, confirm that the information provided above is true and correct to the best of my knowledge.

**Name of Approved
HKIAS IAQ Signatory** : _____

**IAQ Certificate
Issuing Body** : _____

**HKIAS Registration
Number** : _____

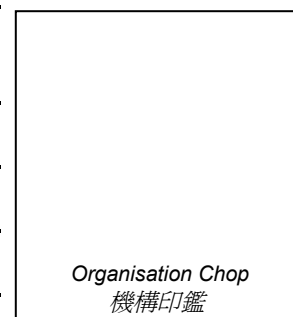
Telephone no. : _____

Fax no. : _____

Email address (if any) : _____

Signature : _____

Date : _____



* Delete as appropriate.