



HVAC System Maintenance - Patient Care Areas Checklist

General System Overview & Documentation

Initial assessment and verification of documentation for all HVAC equipment in patient care areas.

Last System Performance Review Date

System Serial Number(s)

Brief Description of Current System Configuration


System Type (e.g., VAV, RTU, VRF)

- ☐ VAV
- ☐ RTU
- ☐ VRF
- ☐ Other

System Operational Status

- ☐ Operational
- ☐ Needs Repair
- ☐ Decommissioned

Upload Current System Schematics (if available)

 Upload File

Contact Person for HVAC System Information

Write something...

Total System Capacity (BTU/hr)

Enter a number...

Air Filtration & Ventilation

Focuses on filter maintenance, air quality, and proper ventilation in patient care environments.

Filter Change Date

Enter a number...

Filter Type

- ☐ MERV 8
- ☐ MERV 11
- ☐ MERV 13
- ☐ HEPA

Air Exchange Rate (ACH)

Enter a number...

Exhaust Fan Operation

- ☐ Operating Correctly
- ☐ Operating Incorrectly
- ☐ Not Operating

Notes on Air Quality/Ventilation

Write something...

Ventilation Issues Observed

- ☐ Drafts
- ☐ Stale Air
- ☐ Odors
- ☐ Uneven Airflow
- ☐ None

Last Duct Cleaning Date

Enter date...

Temperature & Humidity Control

Ensures comfortable and appropriate temperature and humidity levels within patient care areas.

Ambient Temperature (Degrees F)

Enter a number...

Supply Air Temperature (Degrees F)

Enter a number...

Return Air Temperature (Degrees F)

Enter a number...

Relative Humidity (%)

Enter a number...

Thermostat Mode (Cool/Heat/Auto/Off)

☐ Cool

☐ Heat

☐ Auto

☐ Off

Dew Point Setting (if applicable)

- ☐ Default
- ☐ Adjusted

Notes on Temperature/Humidity Control

Write something...

Last Calibration Date (Thermostat/Sensors)

Enter date...

Equipment Performance & Safety

Covers the functional operation of HVAC equipment and addresses safety concerns.

Supply Air Temperature (Patient Zone 1) - °F

Enter a number...

Return Air Temperature (Patient Zone 1) - °F

Enter a number...

Static Pressure (Supply Duct) - Inches of Water

Enter a number...

Equipment Condition (e.g., Excellent, Good, Fair, Poor)

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Visible Signs of Leaks (Refrigerant, Water)

- ☐ None
- ☐ Minor
- ☐ Major

Any unusual noises or vibrations observed?

Write something...

Safety Guarding Intact and Secure?

- ☐ Yes
- ☐ No

Date of Last Belt Inspection/Replacement

Enter date...

Noise & Vibration

Addresses noise and vibration levels to maintain a peaceful environment for patients.

Sound Level (dB) at Patient Bed

Enter a number...

Vibration Measurement (mm/s) - Equipment Base

Enter a number...

Describe any unusual noises observed (e.g., humming, rattling)

- ☐ None
- ☐ Humming
- ☐ Rattling
- ☐ Clicking
- ☐ Other (Specify in LONG_TEXT)

If 'Other' noise selected, please describe:

Write something...

Is vibration noticeable to patients/staff?

- ☐ Yes
- ☐ No
- ☐ Uncertain

Notes on vibration reduction measures taken (if any):

Write something...

Date of last vibration/noise mitigation work:

Enter date...

Airflow & Distribution

Verifies proper airflow patterns and distribution throughout patient care areas.

Supply Air Volume (CFM) - Verify setpoint & reading

Enter a number...

Return Air Volume (CFM) - Verify setpoint & reading

Enter a number...

Airflow Direction - Correct?

☐ Yes

☐ No

Air Outlets - Free of Obstructions?

☐ Yes

☐ No

Areas with Airflow Concerns?

- ☐ Patient Rooms
- ☐ Waiting Areas
- ☐ Nursing Stations
- ☐ Hallways
- ☐ None

Notes/Comments on Airflow Distribution

Write something...

Location of Airflow Issues (if any)

 [Set My Current Location](#)



Emergency & Backup Systems

Confirms functionality of emergency backup systems and protocols.

Last Generator Test Date

Enter date...

Generator Run Time (Hours)

Enter a number...

Generator Status

- ☐ Operational
- ☐ Needs Repair
- ☐ Out of Service

Emergency Power Transfer Switch Status

- ☐ Functional
- ☐ Needs Repair
- ☐ Out of Service

Last Battery System Inspection Date

Enter date...

Battery Voltage (Volts)

Enter a number...

Comments/Observations regarding Emergency Systems

Write something...

Verification of Emergency Contact List Availability

- ☐ Available & Current
- ☐ Needs Update
- ☐ Unavailable