



Science Lab Ventilation System Checklist

General System Overview

Initial assessment of the entire ventilation system, including documentation and accessibility.

System Capacity (CFM)

Enter a number...

Date of Last System Design Review

Enter date...

Brief Description of Ventilation System Type (e.g., Dedicated Exhaust, General Lab Exhaust)

Write something...

System Operational Status

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

Upload System Schematics/Drawings (if available)

 Upload File

System Manufacturer

Write something...

Model Number

Write something...

Any recent or ongoing modifications to the ventilation system?

Write something...

Supply Air System

Inspection of components responsible for supplying fresh air to the lab.

Supply Air Temperature (°C)

Enter a number...

Supply Air Volume (m³/h)

Enter a number...

Air Intake Condition

- ☐ Clear
- ☐ Minor Debris
- ☐ Significant Debris
- ☐ Obstructed

Fan Operational Status

- ☐ Normal
- ☐ Noisy
- ☐ Vibrating
- ☐ Not Operational

Last Filter Replacement Date

Enter date...

Notes on Supply Air System Condition

Write something...

Static Pressure at Supply Diffuser (Pa)

Enter a number...

Exhaust Air System

Inspection of components responsible for exhausting contaminated air from the lab.

Exhaust Fan RPM (revolutions per minute)

Enter a number...

Static Pressure at Exhaust Hood (inches of water gauge)

Enter a number...

Exhaust Duct Integrity: (Visual Inspection)

- ☐ No Damage
- ☐ Minor Damage
- ☐ Significant Damage
- ☐ N/A

Exhaust Damper Operation

- ☐ Operating Correctly
- ☐ Stuck Open
- ☐ Stuck Closed
- ☐ Manual Override Engaged

Date of Last Exhaust System Cleaning

Enter date...

Observations/Comments on Exhaust System

Write something...

Exhaust Filter Condition

- ☐ Clean
- ☐ Slightly Soiled
- ☐ Moderately Soiled
- ☐ Heavily Soiled
- ☐ N/A

Air Filtration System

Inspection of filters and associated equipment to ensure air purity.

Filter Frame Condition (Scale 1-5, 1=Poor, 5=Excellent)

Pre-Filter Pressure Drop (inches of water)

Main Filter Pressure Drop (inches of water)

Filter Type

- ☐ HEPA
- ☐ Carbon
- ☐ Pleated
- ☐ Other (Specify in LONG_TEXT)


If 'Other' Filter Type Selected, please specify:

Write something...

Last Filter Replacement Date

Enter date...

Upload Photo of Filter (Optional)

 Upload File

Filter Media Condition (Visual Inspection)

- ☐ Good
- ☐ Moderate
- ☐ Poor
- ☐ N/A - Not inspected

Filter Serial Number (if available)

Enter a number...

Laboratory Fume Hoods

Specific checks on the performance and condition of fume hoods.

Face Velocity (FPM)

Enter a number...

Static Pressure (inches of water)

Enter a number...

Hood Sash Operation

- ☐ Operates Smoothly
- ☐ Difficult to Move
- ☐ Sticks/Won't Close
- ☐ Other - Specify Below

Notes on Sash Operation (if applicable)

Write something...

Smoke Test Passed?

- ☐ Yes
- ☐ No
- ☐ Not Performed

Smoke Test Observations (if applicable)

Write something...

Airflow Indicator Functioning?

- ☐ Yes
- ☐ No
- ☐ N/A

Last Filter Change Date

Enter date...

Airflow Monitoring & Alarms

Verification of airflow readings and alarm system functionality.

Main Supply Airflow Rate (CFM/m³/min)

Enter a number...

Main Exhaust Airflow Rate (CFM/m³/min)

Enter a number...

Fume Hood Airflow (Face Velocity) (FPM/m/s)

Enter a number...

Airflow Readings within Specified Range?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Alarm System Operational?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Date of Last Airflow Calibration

Enter date...

Notes on Airflow Readings and Alarm System Functionality

Write something...

Alarm Silence Functionality Tested?

- ☐ Yes
- ☐ No
- ☐ Not Applicable

Maintenance Records Review

Checking for compliance with recommended maintenance schedules.

Last System Maintenance Date

Enter date...

Total Hours Since Last Filter Change

Enter a number...

Summary of Maintenance Activities Performed

Write something...

Filter Type Verified?

- ☐ Yes
- ☐ No
- ☐ N/A

Upload Maintenance Records (PDF, DOCX)

 Upload File

Calibration Records Verified?

- ☐ Yes
- ☐ No
- ☐ N/A

Date of Last Calibration

Enter date...