

SUBMISSION TEMPLATE : SHORT REPORT

\*Completing this template replaces the Short Report

# IEQ – 8 MOULD PREVENTION

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Project Name: \_\_\_\_\_

Project Number: GS- \_\_\_\_\_

Points available: **0.5**

Points claimed: \_\_\_\_\_

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Please select one of the following options below in order to satisfy this credit:-

1. Naturally ventilated
  2. Mechanically ventilated
- 

## Natural Ventilation

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*For purposes of this credit, where the fitout is claiming **IEQ-1 'Ventilation'** by meeting the requirements for '**Naturally Ventilated Spaces**' this credit is automatically achieved and no additional documentation is required.*

I confirm that \_\_\_\_ points (**out of 2**) were achieved in IEQ-1 'Ventilation' for the purpose of outside air creation.

Points available: 2

I CONFIRM

Where the project does **not achieve** full points for the Provision of Outside air criterion in the IEQ-1 credit, the point will not be awarded for this credit through this deemed-to-satisfy route and the following form will therefore need to be completed.

## Naturally Ventilated Spaces

### Opening Area schedules

I confirm that the position and arrangement of the opening areas is in accordance with the SANS10400-O: 2011 - clause 004.

AND

I confirm that no less than 95% of the Nominated Area is naturally ventilated in accordance with SANS 10400-O: 2011, as demonstrated by two points in the Provision of Outside air criterion for IEQ-1

Points available: 0.5

I CONFIRM

#### **Supporting Attachments:** (for naturally ventilated spaces)

- a. Attach **opening area schedule** (see checklist below)
- b. Attach **As Built drawings** indicating opening and ventilation inlets and outlets

#### Checklist: Opening Area Schedule

| Please confirm that all items below are covered in the Survey Report  | YES/NO |
|---|--------|
| List of each habitable room, its floor area and the area of external openings (openable windows/external doors) in that room.   |        |
| Schedule including the openings area expressed as a percentage of the room floor area, to clearly demonstrate compliance with the 5% minimum requirement in SANS 10400-O: 2011. The position and arrangement of opening areas must be in accordance with SANS 10400-O: 2011 clause 004. |        |

# Mechanical Ventilation

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Mixed-mode ventilated spaces must comply with the criteria for mechanically air conditioned spaces.

[Please insert the following details]

- Does the air –conditioning system have supply air ducting? \_\_\_\_\_ [ Yes/No]
- Does the air-handling plant service the fitout exclusively? \_\_\_\_\_ [ Yes/No]

**If the answer to the any of the above questions is 'NO', this credit is 'Not Applicable'**

I CONFIRM

I confirm that mechanically air-conditioned ventilation system maintains humidity levels at no more than \_\_\_\_\_% relative humidity in the space and no more than \_\_\_\_\_% relative humidity in the supply ductwork?

AND

I confirm that If the HVAC system has been re-used, a visual inspection for mould has been carried out and, if any mould was found, it has been appropriately cleaned.

AND

I confirm that humidity sensors are provided in the ductwork and linked to automated HVAC control system.

[I confirm that I have attached supporting documents that support these claims](#)

Points available: 0.5

I CONFIRM

<See short report information inserts for mechanical ventilation on next page>

**[Insert the following information below]**

- Description of the humidity control system and its operation

- Statement of confirmation that the Credit Criteria are met both within the space and within the ducts

**Supporting Attachments:**

- Attach **As Built drawings** indicating humidity sensors installed in the ductwork and confirming that they are connected to an automated HVAC control system
- Confirmation from a suitably qualified professional (only if **existing** HVAC equipment has been re-used)

***If applicable:-***

- If humidity levels are maintained by undercooling air and then reheating it without the need of controls, please attach a psychometric chart showing how 80% humidity is maintained

| <b>Checklist: Confirmation from Professional</b>   |               |
|--|---------------|
|  |               |
| <b>Please confirm that all items below are covered in the confirmation document:-</b>  | <b>YES/NO</b> |
| Ductwork and equipment has been visually inspected for mould   |               |
| Confirmation that the inspection was done by inspecting duct pieces that were taken down or opening up two to three sections for inspection. |               |
| Confirmation that where mould was found, the inside of air handling units, cooling coils and filters has been appropriately inspected.       |               |
| <b>Additionally</b> , where mould was found, confirmation that all duct work and plant was cleaned before being made operational again.      |               |

**Discussion:** Insert any issues you would like to highlight and clarify to the Assessment Panel.

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**Author Details:**

\_\_\_\_\_  
[Name]

\_\_\_\_\_  
[Position]

\_\_\_\_\_  
[Contact Details]

\_\_\_\_\_  
[Date]