

SUBMISSION TEMPLATE

IEQ - 7 Indoor Pollutant Management

1. Credit Criteria – IAQ Manager		YES	NO
A	Has the building owner appointed an IAQ Manager?		
B	Does the IAQ manager supervise and manage the optimisation of practices that prevent and minimise the build-up of indoor pollutants in buildings?		

Attachments:

- Attach the details of the IAQ Manager and his/her relation to the building together with a letter of appointment signed by the building owner.
- Attach a copy of **IAQ Management Programme** (see checklist below)
- Attach a copy of the **IAQ Communication Plan**, signed off by the project owner.

Item	Document Title	Description

Report Checklist - IAQ Management Programme		Y/N	Page Range	Page Location
Summary of the audit procedures and the results				
Representative copies of the completed I-Bream audit forms				
Detailed source control strategies and protocols				
Representative copies of periodic inspection forms				

2. Regular Indoor Air Quality Testing		YES	NO
A	Is there annual testing of indoor air quality in regularly occupied spaces and parking areas for the following:- - Carbon monoxide (CO) - Carbon Dioxide (CO ₂)		
B	If yes, are the CO levels less than 770ppm?		
C	And CO ₂ levels less than 26ppm?		

Attachments:

- a. Attach **proof of indoor air quality** testing conducted during the performance period i.e. sign-off from testing contractor (see checklist)
- b. Attach **Corrective Action Plan** and its implementation, where applicable

Item	Document Title	Description

Report Checklist - Proof of IAQ Indoor Testing	Y/N	Page Range	Page Location
Testing equipment and time schedule used to measure			
Copy of CO and CO ₂ measurement results			
Plans that identify all regularly occupied spaces			

Statement of Authenticity

I, _____, hereby declare that the values/information listed in this submission template are indeed the true values of the applicant building, and additionally, that evidence either proving or rationalising said values can be supplied within 14 days of notification by either GBCSA, or any GBCSA approved third party.

DATE: _____

NAME: _____

SIGNATURE: _____