OPERATIONS REPORT CARD

CLASSROOM ID _____
SCHOOL _____
TESTING AGENT _____
DATE _____

GENERAL

CLASSROOM INFORMATION

1. Room plan shape:
   - □ Rectangular
   - □ Non-Rectangular

2. Ceiling plane orientation:
   - □ Flat
   - □ Inclined
   - □ Combination

3. Room length _____ (ft)

4. Room width _____ (ft)

5. Ceiling height (average) _____ (ft)

6. Estimate the percent coverage of the ceiling finishes:

   _____ % Acoustical panels
   _____ % Painted gypsum board
   _____ % Gypsum board
   _____ % Exposed structure
   _____ % Other

7. Estimate the percent coverage of the flooring finishes:

   _____ % Carpet
   _____ % Resilient flooring
   _____ % Other

8. Estimate the percent coverage of any acoustical wall treatments:

   _____ % Fabric covered panel
   _____ % Cork board
   _____ % Other

Classroom Observations:

OPERATIONS REPORT CARD

CLASSROOM ID _____
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THERMAL COMFORT

CLASSROOM INFORMATION

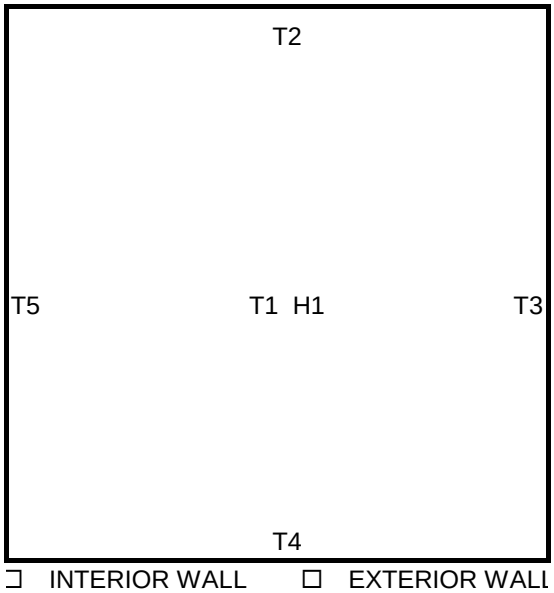
OCCUPIED RECORDED TEMPERATURE AND HUMIDITY DATA				
	TIME OF DAY			
	EARLY AM Complete before 10 AM	LATE AM Complete before 12 PM	EARLY PM Complete before 2 PM	LATE PM Complete after 2:30 PM
MEASUREMENT LOCATION	TIME:	TIME:	TIME:	TIME:
H1: RELATIVE HUMIDITY %				
T1: TEMPERATURE MIDDLE OF ROOM				
T2: TEMPERATURE FRONT OF ROOM				
T3: TEMPERATURE ROOM SIDE				
T4: TEMPERATURE REAR OF ROOM				
T5: TEMPERATURE ROOM SIDE				

NOTE: Measurements for three (of four) times of day are required

Mark on the diagram the location of the interior and exterior walls.

FRONT OF ROOM (INSTRUCTIONAL WALL)

☐ INTERIOR WALL ☐ EXTERIOR WALL



☐ INTERIOR WALL ☐ EXTERIOR WALL

HVAC INFORMATION

What is the occupied heating setpoint? _____

What is the unoccupied heating setpoint? _____

What is the occupied cooling setpoint? _____

What is the unoccupied cooling setpoint? _____

What is the principal HVAC type?

- □ Single Zone
- □ Multi Zone
- □ Dual Duct
- □ VAV
- □ Reheat
- □ Central AHU with VAV

Fan Coil Units
Unit Ventilators
Packaged AC
Steam/Hot Water/Convector
Economizer
Natrural Ventilation

Classroom Observations:

_____

_____

_____

_____

OPERATIONS REPORT CARD

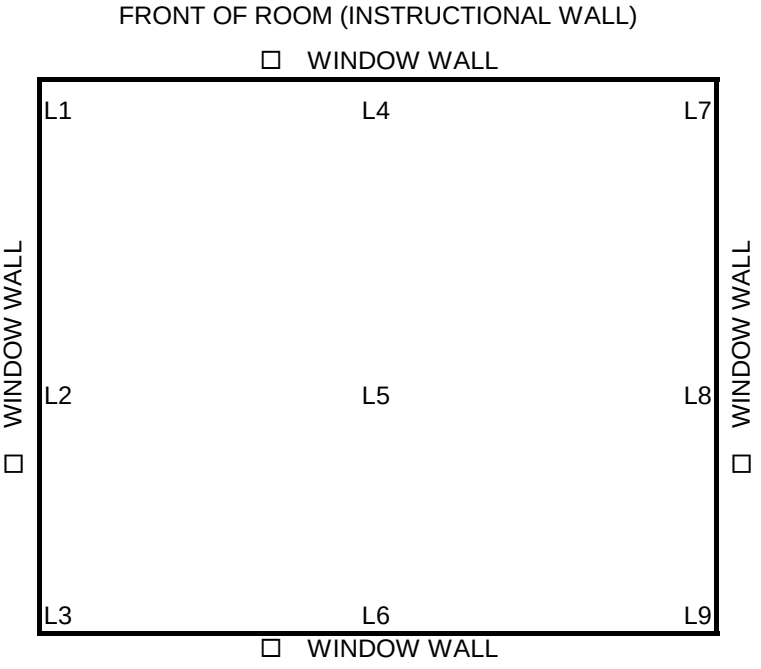
CLASSROOM ID _____
SCHOOL _____
TESTING AGENT _____
DATE _____

LIGHTING

CLASSROOM INFORMATION

RECORDED ILLUMINATION LEVEL DATA				
	TIME OF DAY			
MEASUREMENT LOCATION	EARLY AM TIME:	LATE AM TIME:	EARLY PM TIME:	LATE PM TIME:
L1: ROOM SIDE - FRONT				
L2: ROOM SIDE - CENTER				
L3: ROOM SIDE - REAR				
L4: ROOM FRONT - CENTER				
L5: CENTER OF ROOM				
L6: ROOM REAR - CENTER				
L7: ROOM SIDE - FRONT				
L8: ROOM SIDE - CENTER				
L9: ROOM SIDE - REAR				

NOTE: CHECK THE APPROPRIATE BOX ON THE DIAGRAM BELOW TO INDICATE THE LOCATION OF WINDOW WALLS



Classroom Observations:

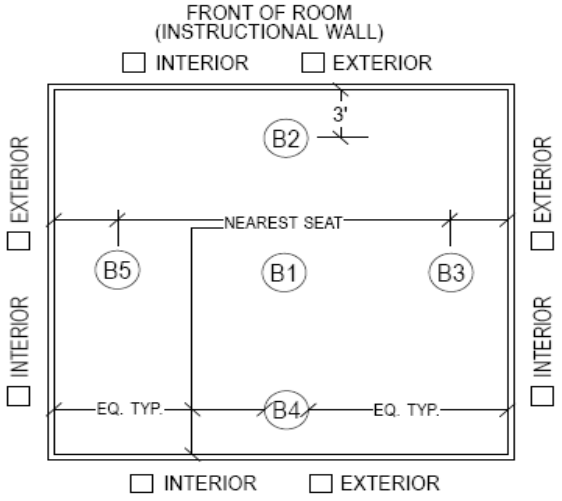
OPERATIONS REPORT CARD

CLASSROOM ID _____
SCHOOL _____
TESTING AGENT _____
DATE _____

ACOUSTICS - BACKGROUND NOISE

CLASSROOM INFORMATION

BACKGROUND NOISE MEASUREMENT DATA		
	MEASURED A-WEIGHTED LEVEL	
MEASUREMENT LOCATION	HVAC on	HVAC off
B1: MIDDLE OF ROOM (REQUIRED)		
B2: FRONT OF ROOM (OPTIONAL*)		
B3: ROOM SIDE (OPTIONAL*)		
B4: REAR OR ROOM (OPTIONAL*)		
B5: ROOM SIDE (OPTIONAL*)		



*REQUIRED IF NEAREST TO HVAC RETURN INLET

MEASUREMENT PROCEDURE CHECKLIST

- ☐ VERIFY HVAC SYSTEM IS ON/OFF
- ☐ CLOSE DOORS AND WINDOWS
- ☐ VERIFY THAT UNUSUAL BACKGROUND NOISE IS NOT PRESENT (E.G. VACUUMS, FLOOR POLISHERS, ETC.)
- ☐ VERIFY SOUND LEVEL METER CALIBRATION
- ☐ OBSERVE AND RECORD AVERAGE SOUND LEVEL AT REQUIRED LOCATION B1
- ☐ OBSERVE AND RECORD AVERAGE SOUND LEVEL AT LOCATION NEAREST TO THE RETURN INLET
- ☐ OBSERVE AND RECORD AVERAGE SOUND LEVELS AT REMAINING OPTIONAL MEASUREMENT LOCATIONS
- ☐ NOTE LOCATION OF RETURN AIR INLET ON ROOM DIAGRAM ABOVE

Classrooms Observations:

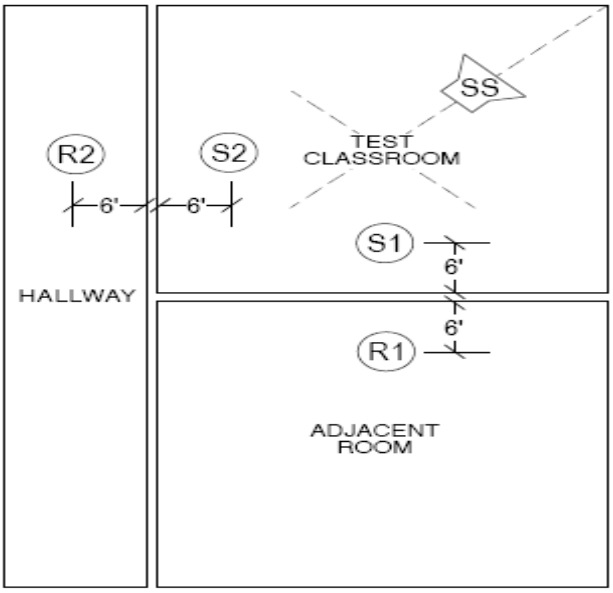
OPERATIONS REPORT CARD

CLASSROOM ID _____
SCHOOL _____
TESTING AGENT _____
DATE _____

ACOUSTICS - SOUND INSULATION

CLASSROOM INFORMATION

SOUND INSULATION MEASUREMENT DATA		
MEASURED VALUE OR CALCULATED DIFFERENCE	[illegible] ROOM SOUND PATH (S1, R1)	HALLWAY SOUND PATH (S2, R2)
SOURCE MEASURED LEVEL (dBA)	=S1	=S2
RECEIVED MEASURED LEVEL (dBA)	=R1	=R2
A-WEIGHTED SOUND REDUCTION (dB)	=S1 - R1	=S2 - R2
BACKGROUND NOISE AT R1 AND R2 (dBA, NOISE SOURCE OFF)		



MEASUREMENT PROCEDURE CHECKLIST

- ☐ VERIFY HVAC SYSTEM IS OFF
- ☐ CLOSE DOORS AND WINDOWS
- ☐ VERIFY THAT UNUSUAL BACKGROUND NOISE IS NOT PRESENT (E.G. VACUUMS, FLOOR POLISHERS, ETC.)
- ☐ VERIFY SOUND LEVEL METER CALIBRATION
- ☐ ACTIVATE NOISE SOURCE
- ☐ OBSERVE AND RECORD AVERAGE SOUND LEVEL AT SOURCE LOCATIONS S1 AND S2
- ☐ OBSERVE AND RECORD AVERAGE SOUND LEVEL AT RECEIVE LOCATIONS R1 AND R2
- ☐ MUTE NOISE SOURCE
- ☐ OBSERVE AND RECORD AVERAGE BACKGROUND NOISE LEVEL AT RECEIVE LOCATIONS R1 AND R2

Classroom Observations:

OPERATIONS REPORT CARD

CLASSROOM ID _____
SCHOOL _____
TESTING AGENT _____
DATE _____

ACOUSTICS - REVERBERATION

CLASSROOM INFORMATION

REVERBERATION MEASUREMENT DATA

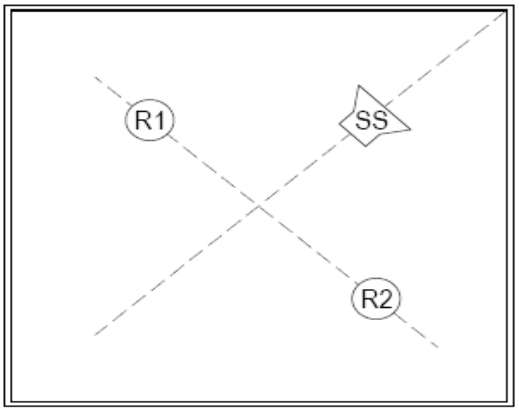
OCTAVE BAND CENTER FREQUENCY (HZ)	REVERBERATION TIME (RT60) MEASUREMENTS	REVERBERATION TIME RT60 MEASUREMENT LOCATION R1**	R2
500	MEASUREMENT 1 (REQUIRED)*		
500	MEASUREMENT 2 (OPTIONAL)		
500	MEASUREMENT 3 (OPTIONAL)		
1000	MEASUREMENT 1 (REQUIRED)*		
1000	MEASUREMENT 2 (OPTIONAL)		
1000	MEASUREMENT 3 (OPTIONAL)		
2000	MEASUREMENT 1 (REQUIRED)*		
2000	MEASUREMENT 2 (OPTIONAL)		
2000	MEASUREMENT 3 (OPTIONAL)		

SIGNAL-TO-NOISE MEASUREMENTS	SOUND LEVEL (dBA	
SOURCE SOUND LEVEL		
BACKGROUND NOISE LEVEL		

MEASUREMENT PROCEDURE CHECKLIST

- ☐ VERIFY HVAC SYSTEM IS OFF
- ☐ CLOSE DOORS AND WINDOWS
- ☐ VERIFY THAT UNUSUAL BACKGROUND NOISE IS NOT PRESENT (E.G. VACUUMS, FLOOR POLISHERS, ETC.)
- ☐ MEASURE A-WEIGHTED BACKGROUND NOISE LEVEL AT MEASUREMENT LOCATIONS R1 AND R2 (SOUND SOURCE OFF)
- ☐ VERIFY SOUND SOURCE "SS" OPERATION AND MEASURE A-WEIGHTED SOUND LEVEL; ADJUST LEVEL TO AT LEAST 40 dB GREATER THAN MEASURED BACKGROUND NOISE LEVEL
- ☐ OBSERVE AND RECORD REVERBERATION TIMES AT MEASUREMENT LOCATIONS R1 AND R2 (MUTE SOUND SOURCE AS REQUIRED)
- ☐ RECORD ANY NOTES REGARDING MEASUREMENT CONDITIONS:

* OR INSTRUMENT GENERATED AVERAGE OF AT LEAST THREE MEASUREMENTS
☐ CHECK IF INSTRUMENT AVERAGE AT EACH POSITION
** OR INSTRUMENT GENERATED AVERAGE OF MINIMUM SIX MEASUREMENTS (THREE AT EACH POSITION)
☐ CHECK IF INSTRUMENT AVERAGE AT EACH POSITION



Classroom Observations:

OPERATIONS REPORT CARD

CLASSROOM ID _____
SCHOOL _____
TESTING AGENT _____
DATE _____

INDOOR AIR QUALITY

CLASSROOM INFORMATION

	OUTDOOR MEASUREMENTS			
	TEMPERATURE (°F)	RELATIVE HUMIDITY (%)	CARBON MONOXIDE (ppm)	CARBON DIOXIDE (ppm)
START OF DAY				
END OF DAY				

INDOOR MEASUREMENTS							
TEMPERATURE (°F)		RELATIVE HUMIDITY (%)		CARBON MONOXIDE (ppm)		CARBON DIOXIDE (ppm)	
Return	Supply	Return	Supply	Return	Supply	Return	Supply

OBSERVATIONS:

1) Are windows/doors open to outside air?
- □ Yes
- □ No

2) Describe HVAC system:
- □ Fan coil
- □ Heat pump / packaged unit
- □ Central system
- □ Displacement
- □ Other

3) Describe HVAC fan location:
- □ In adjacent space
- □ Above ceiliing
- □ On roof
- □ Through-wall in room
- □ Corner closet
- □ Exposed in room
- □ Remote (central HVAC)

4) Describe location of compressor or chiller:
- □ Packaged in-fan unit
- □ In adjacent space
- □ In ceiling
- □ On roof
- □ Remote (central HVAC)

5) Is supply ductwork:
- □ Exposed
- □ Concealed

6) Is the fan return:
- □ Ducted
- □ Unducted

7) Seals on the doorframe head and jambs include:
- □ Smoke seal
- □ Stop-applied compression

8) Describe any seals on the corridor door bottom:
- □ Sweep seal
- □ Automatic door-bottom

9) Is this classroom separated from adjacent classrooms by an operable partition?
- □ Yes
- □ No

10) If there is a partition, has a clear area been maintained along its face on both sides? (ie: no desks, shelves, etc)
- □ Yes
- □ No

11) If there is a partition, are there posters, art charts, etc., posted across panel joints?
- □ Yes
- □ No

12) Which mode is the classroom currently in?
- □ Heating
- □ Cooling
- □ Natural Ventilation

13) MERV rating of air filters that supply room: _____

14) Number of filter changes per year: _____

Classroom Observations: _____