

Cleanroom Environmental System Commissioning Form

Project Information

Project Name:

Location:

Date:

Commissioned By:

Client Representative:

System Description

System Name:

Overview:

Commissioning Checklist

Item	Status	Comments
HEPA/ULPA Filters Installed	<div></div>	<div></div>
Air Change Rate Verified	<div></div>	<div></div>
Room Pressure Control Active	<div></div>	<div></div>
Temperature & Humidity Stable	<div></div>	<div></div>
Alarms & Indicators Functional	<div></div>	<div></div>
System Balancing Complete	<div></div>	<div></div>

Test Results

Parameter	Specified	Measured	Pass/Fail
Room Temperature (°C)	<div></div>	<div></div>	<div></div>
Room Humidity (%)	<div></div>	<div></div>	<div></div>

Particle Count			
Room Pressure (Pa)			

Observations & Notes

Sign-Off

Commissioning Engineer
Name:

Signature:

Date:

Client Representative Name:

Signature:

Date: