

Air Handling Unit Maintenance

An AHU maintenance record covering filters, fans, belts, coils, dampers, condensate, controls, operating readings and the condition at handback.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This records AHU servicing. It does not certify indoor air quality, fire damper performance, ventilation design or legionella control.

HSE advises competent maintenance using manufacturer information and appropriate inspections. Plan safe access and isolation around moving parts and other hazards.

2. Equipment and work

Air handling unit asset ID and location *

Manufacturer, model and serial number *

Maintenance procedure and revision *

Technician and competence reference *

Planned work and exclusions *

Safe isolation or permit reference *

3. Configuration

Areas served and AHU configuration *

Filter grades and replacement specification

Record the installed filter specification and its source, rather than only saying that a filter was changed.

Control strategy and design airflow reference

Operating hours and reported issues

4. AHU checks

Filters, seals and differential pressure checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Fan, drive and guards checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Coils and condensate tray or drain checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Dampers and actuators checked within service scope * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Access doors, seals and internal cleanliness checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Measured value (copy this block for each one)

Measurement point and parameter *

Actual value and unit *

Acceptance range and source *

Instrument ID and calibration reference

Assessment * (choose one)

☐ Within criterion ☐ Outside criterion ☐ Unable to assess

Response to exception * (if applicable)

5. Work and handback

Work performed and parts used

Post-work tests and evidence

Equipment handback * (choose one)

☐ Available within recorded limits ☐ Restricted use ☐ Out of service

Restrictions, isolation and person informed * (if applicable)

Condition and work evidence photos (photos: attach, or note the file names)

6. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.