

New Jersey Department of Health  
Consumer, Environmental and Occupational Health Service  
Environmental and Occupational Health Assessment Program  
PO Box 369, Trenton, NJ 08625-0369

Child Care Center - Indoor Environmental Health Assessment  
FORM D: DESCRIPTION OF HEATING AND COOLING SYSTEMS

Facility Name	Street Address	City	County
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**Directions:** Provide the following information. Use an additional sheet if necessary.

**I. HVAC System (check both, if applicable)**

Heating       Air Conditioning

Describe System (include condition of components):

**II. Fuel/Energy Sources (check all that apply)**

Fuel Oil      No.: \_\_\_\_\_      Size: \_\_\_\_\_      Location: \_\_\_\_\_

Propane      No.: \_\_\_\_\_      Size: \_\_\_\_\_      Location: \_\_\_\_\_

Natural Gas

Electric

Other, specify and describe below:

**III. Make-Up / Outside Air**

Source of make-up/outside air:

Description of area around intake (include photos if necessary):