



# LEED 2009 for Commercial Interiors

## IEQ PREREQUISITE 2: ENVIRONMENTAL TOBACCO SMOKE (ETS) CONTROL

All fields and uploads are required unless otherwise noted.

### ALL OPTIONS

This static sample form has been modified for offline access. All sections of the form are visible. Sample forms are for reference only.

Select one of the following:

- ☐ **Case 1.** The project is located in a building that prohibits smoking.
- ☐ **Case 2, Option 1.** The non-residential project is located in a building that permits smoking.
- ☐ **Case 2, Option 2.** The multi-unit residential project is located in a building that permits smoking.

### SMOKING PROHIBITED IN BUILDING

#### Signatory IEQp2-1.

The project space is located in a building that prohibits smoking by all occupants and users, and smoking is prohibited within 25 feet of entries, outdoor air intakes, and operable windows.

Select one of the following:

- ☐ **Signature.** Provide a digital signature affirming the signatory statement in gray directly above.

Initial here:

OR

- ☐ **Upload IEQp2-S1.** Provide a document with the signatory statement, copied directly from the form, signed and dated on letterhead.

Does project space include residential units?

- ☐ Yes
- ☐ No

Describe the project's non-smoking policy. Include specific information about how the policy will be communicated and enforced in residential units/hotel guest rooms/rentals.

**Upload IEQp2-2.** Provide a copy of the non-smoking policy or letter signed by the owner describing the project's non-smoking policy and enforcement AND/OR provide a copy of legally binding covenants/restrictions to verify the status of the residential units as non-smoking.

**Upload IEQp2-1.** Provide evidence of signage communicating the exterior smoking policy. Drawing(s) with signage details or photos are acceptable.

## NON-RESIDENTIAL PROJECT WITH DESIGNATED SMOKING ROOMS

**Signatory IEQp2-2.**

Smoking is prohibited in the portions of the project space not designated as smoking rooms, as well as in all common areas of the building used by the project space occupants. Furthermore, smoking is prohibited in all areas of the building served by the same HVAC system as the project space, and ETS cannot migrate by either mechanical or natural ventilation from other areas of the building.

Select one of the following:

☐ **Signature.** Provide a digital signature affirming the signatory statement in gray directly above.

Initial here:

OR

☐ **Upload IEQp2-S2.** Provide a document with the signatory statement, copied directly from the form, signed and dated on letterhead.

**Upload IEQp2-3.** Provide evidence of signage communicating the interior smoking policy. Drawing(s) with signage details or photos are acceptable.

Are occupants permitted to smoke within the tenant space?

☐ Yes   ☐ No

Complete the following table for all smoking rooms in the project space.

**Table IEQp2-1.** Negative Pressure for Smoking Rooms

Smoking Room Name or ID	Negative Pressure Differential with Respect to Adjacent Spaces (Pa)	
	Average <sup>1</sup>	Minimum <sup>2</sup>

<sup>1</sup> Must be at least 5 Pascals (Pa) (0.02 inches of water gauge) to document credit compliance

<sup>2</sup> Must be at least 1 Pa (0.004 inches of water gauge) to document credit compliance

**Upload IEQp2-4.** Provide the differential air pressure test report for each designated smoking room in the project space.

- ☐ The differential air pressure in the smoking rooms was measured with respect to each adjacent area and in each adjacent vertical chase.
- ☐ The test spaces were configured for worst-case conditions of transport of air from the smoking rooms (with closed doors) to adjacent spaces and included 15 minutes of measurement with a minimum of 1 measurement every 10 seconds.

Select one of the following:

☐ **Upload L-4** from PI Form 4 is a mechanical plan/drawing documenting the location of the smoking room(s), designated area separations, and dedicated ventilation systems.

OR

☐ **Upload IEQp2-5.** Provide mechanical plans/drawings documenting the location of the smoking room(s), designated area separations, and dedicated ventilation systems.

*The content highlighted in yellow above is linked to IEQc5 & Plf4.*

## MULTI-UNIT RESIDENTIAL PROJECT

- ☐ Doors in the residential units leading to common hallways are weather-stripped to minimize air leakage into the hallway.
- ☐ The blower door tests were conducted in accordance with ANSI/ASTM-E779-03, Standard Test Method for Determining Air Leakage Rate By Fan Pressurization.
- ☐ The tests followed the progressive sampling methodology defined in the California Low Rise Residential Alternative Calculation Method Approval Manual, Chapter 7 (Home Energy Rating Systems, HERS Required Verification and Diagnostic Testing).

**Upload IEQp2-6.** Provide blower door test results for the residential units, demonstrating less than 1.25 square inches leakage area per 100 square feet of enclosure area (i.e. sum of all wall, ceiling and floor areas).

## ADDITIONAL DETAILS

- ☐ Special circumstances preclude documentation of prerequisite compliance with the submittal requirements outlined in this form.

## SPECIAL CIRCUMSTANCES

Describe the circumstances limiting the project team's ability to provide the submittals required in this form. Be sure to reference what additional documentation has been provided, if any. Non-standard documentation will be considered upon its merits.

**Upload IEQp2-SC.** Provide additional documentation that supports the claim to special circumstances. (Optional)

- ☐ The project team is using an alternative compliance approach in lieu of standard submittal paths.

## ALTERNATIVE COMPLIANCE PATH

Describe the alternative compliance path used by the project team. Include justification that this path meets the prerequisite intent and requirements. Be sure to reference what additional documentation has been provided, if any. Non-standard documentation will be considered upon its merits.

**Upload IEQp2-ACP.** Provide additional documents that support the alternative compliance path approach. (Optional)

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## SUMMARY

IEQ Prerequisite 2: Environmental Tobacco Smoke (ETS) Control Compliance  
Documented: