



# LEED 2009 for Existing Buildings: Operations and Maintenance

## 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:

- ☒ **LEED Design & Construction Streamlined Path:** The project building earned the prerequisite related to ETS Control under LEED for New Construction, LEED for Core & Shell, or LEED for Schools.

- ☐ **O&M Submittal Path:** Document compliance with the ETS control requirements of LEED-EB: O&M IEQ Prerequisite 2.

*Note: if the Design & Construction submittal for ETS Control included designated smoking rooms or residential units and construction work occurred that would normally damage the air sealing of any smoking areas, or there is a pattern of smoke odor transport complaint from neighboring occupants, the project team may not use the D&C Streamlined Path.*



### LEED DESIGN AND CONSTRUCTION STREAMLINED PATH

**Upload L-7.** Provide the USGBC- or GCBI-generated LEED Certification Scorecard(s) of the previously-certified building/project(s). If the project has been certified more than once, upload all relevant scorecards.

Select one of the following:

- ☐ **No Change:** The design and construction elements that contributed to the previously earned credit have not been altered, replaced, or removed since the Final LEED Review of the project building.
- ☐ **Change:** The design and construction elements that contributed to the previously earned credit have been altered, replaced, or removed since the Final LEED Review of the project building. These changes do not put into question the potential achievement of IEQ Prerequisite 2 (LEED-EB: O&M).

Describe the circumstances of these changes.

## SITE SMOKING POLICY

Select one of the following with respect to the project's outdoor smoking policy:

- ☐ Smoking is prohibited on the project site.
- ☐ Smoking is prohibited within 25 feet of entries, outdoor air intakes and operable windows.

### SMOKING PROHIBITED ON SITE

Smoking is prohibited on the project site.

REQUIRED SIGNATORY	
Initial here:	
Owner/Agent*	

*\*If signed by the Agent, provide the following additional required information in the Special Circumstances section below: 1) Describe specifically how the Owner was/will be informed of the critical elements and ongoing requirements described above, and 2) Provide supporting documentation, if any.*

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

### SMOKING PROHIBITED WITHIN 25 FEET

Smoking is prohibited within 25 feet of entries, outdoor air intakes and operable windows.

REQUIRED SIGNATORY	
Initial here:	
Owner/Agent*	

*\*If signed by the Agent, provide the following additional required information in the Special Circumstances section below: 1) Describe specifically how the Owner was/will be informed of the critical elements and ongoing requirements described above, and 2) Provide supporting documentation, if any.*

**Upload IEQp2-2.** Provide evidence of signage communicating the exterior smoking policy. Drawing(s) with signage details or photos are acceptable.

A site plan/map showing the location of the designated outdoor smoking/nonsmoking areas is required to document compliance. The site plan below is a linked submittal. (If one is not present, you may upload one now.)

**Upload L-2.** Provide a site plan identifying the LEED project boundary. Sketches are acceptable.

Select one of the following:

- ☐ The site plan above shows the location of the designated outdoor smoking/nonsmoking areas.
- ☐ A different document is better suited to satisfy the requirement.

**Upload IEQp2-3.** Provide a site plan/map that shows the location of the designated outdoor smoking/nonsmoking areas.

## INTERIOR SMOKING POLICY

Select one of the following:

- ☐ Smoking is prohibited in the project building.
- ☐ Smoking is prohibited in the project building except in designated smoking areas and/or residential units.

Smoking is prohibited in the project building.

*\*If signed by the Agent, provide the following additional required information in the Special Circumstances section below: 1) Describe specifically how the Owner was/will be informed of the critical elements and ongoing requirements described above, and 2) Provide supporting documentation, if any.*

### REQUIRED SIGNATORY

Initial here:

Owner/Agent\*

Smoking is prohibited in all common areas of the project building.

*\*If signed by the Agent, provide the following additional required information in the Special Circumstances section below: 1) Describe specifically how the Owner was/will be informed of the critical elements and ongoing requirements described above, and 2) Provide supporting documentation, if any.*

### REQUIRED SIGNATORY

Initial here:

Owner/Agent\*

**Upload IEQp2-4.** Provide evidence of signage communicating the interior smoking policy. Drawing(s) with signage details or photos are acceptable.

Select all that apply:

- ☐ The project building includes designated smoking rooms.
- ☐ The project building includes residential units.

*Note: Includes residential and hospitality projects.*

## DESIGNATED SMOKING ROOMS

Complete the following table for all smoking rooms in the project building. For each smoking room, enter the average and minimum negative pressure differential with respect to the adjacent spaces

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

Smoking Room Name or ID	Average (Pa)	Minimum (Pa)

*Note: The average negative pressure differential with respect to adjacent spaces must be at least 5 Pascals (Pa); the minimum must be at least 1 Pa.*

**Upload IEQp2-5.** Provide a differential air pressure test report for each designated smoking room in the project building.

- ☐ 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.

Mechanical plans/drawings highlighting the location of smoking room(s), designated area separations, and dedicated ventilation systems are required to document compliance. The plans/drawings below are linked submittals. (If no document is present, you may upload one now.)

**Upload L-4.** Provide mechanical plans and/or drawings.

Select one of the following:

- ☐ The plans/drawings above highlight the location of smoking room(s), designated area separations, and dedicated ventilation systems.
- ☐ A different document is better suited to satisfy this requirement.

**Upload IEQp2-6.** Provide mechanical plans/drawings documenting: the location of the smoking room(s), designated area separations, and dedicated ventilation systems.

## RESIDENTIAL UNITS

**Upload IEQp2-7.** Provide the blower door test results for residential units, demonstrating proper sealing and exterior weather-stripping.

*Note: Residential units must demonstrate 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).*

- ☐ 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 Residential Alternative Calculation Method Approval Manual, Chapter 7 (Home Energy Rating Systems, HERS Required Verification and Diagnostic Testing).

Select all that apply:

- ☐ All doors in the residential units leading to common hallways are weather-stripped to minimize air leakage into the hallway.
- ☐ Common hallways are pressurized with respect to the residential units

## Residential Unit as Smoking Room

Complete the following table for the residential areas of the project building. For each hallway, enter the average and minimum positive pressure differential with respect to the adjacent spaces.

**Table IEQp2-2.** Pressurized Common Hallways

Hallway Name or ID	Average (Pa)	Minimum (Pa)

*Note: The average positive negative pressure differential with respect to adjacent spaces must be at least 5 Pascals (Pa); the minimum must be at least 1 Pa.*

**Upload IEQp2-8.** Provide a differential air pressure test report for each pressurized hallway in the project building.

- ☐ The differential air pressure was measured in the common hallways with respect to the residential units.
- ☐ The test spaces were configured for worst-case conditions of transport of air from the residential units (with closed doors) to adjacent spaces and include 15 minutes of measurement with a minimum of 1 measurement every 10 seconds.

Mechanical plans/drawings highlighting the location of residential units, designated area separations, and dedicated ventilation systems are required to document compliance. The mechanical plans/drawings below are linked submittals. (If no document is present, you may upload one now.)

**Upload L-4.** Provide mechanical plans and/or drawings.

*Files:*

Select one of the following:

- ☐ The plans/drawings above highlight the location of smoking room(s), designated area separations, and dedicated ventilation systems.
- ☐ A different document is better suited to satisfy this requirement.

**Upload IEQp2-9.** Provide mechanical plans/drawings documenting the location of the smoking room(s), designated area separations, and dedicated ventilation systems.

## 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 any 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 any additional documents that support the alternative compliance path approach. (Optional)

## SUMMARY

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