



Alternative Compliance Ongoing Commissioning



For OSE Use Only

Please use this form to request alternative compliance from a Seattle Building Tune-Ups compliance cycle for Ongoing Commissioning. To be eligible for this alternative compliance pathway, HVAC systems, lighting systems, and water heating have been actively monitored and commissioned through either a commissioning software program or via in-person monitoring no less than quarterly over a two-year period. Evidence that corrective actions occurred when faults were detected must also be provided.

Buildings owners must submit a signed request form, along with required documentation as specified on the form, no later than 180 days prior to a building's Tune-Up compliance date. For more information on the requirements for this pathway and timeframe eligibility, please visit seattle.gov/buildingtuneups.

A. General Building Information <i>Required for all applications</i>

BUILDING DETAILS

Building Name: _____ Building Address: _____

Portfolio Manager ID: _____ Seattle Building ID: _____ Compliance Year: _____

Nonresidential Sq Footage: _____ Parking Sq Footage: _____

BUILDING OWNER

First name: _____ Last Name: _____

Company/Organization/LLC: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

BUILDING OWNER REPRESENTATIVE — *Required if submitting on behalf of the building ownership.*

First name: _____ Last Name: _____

Role with building (e.g. property manager): _____

Company/Organization/LLC: _____

Email: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Questions? We Can Help!

Call the Seattle Building Tune-Ups Help Desk at (206) 727-8863 (TUNE) or email buildingtuneups@seattle.gov

B. Building Systems *Required for all applications*

For each building system listed, please specify the mechanisms for active monitoring and ongoing commissioning. All five systems have to be commissioned over the two-year period to qualify.

B1 Heating	<input type="checkbox"/> Ongoing commissioning software Name of software: _____ Date installed: _____ Frequency of reviews & corrections: _____	<input type="checkbox"/> In-person monitoring & fault detection Who monitors? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Who corrects faults? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Rely on Building Automation System? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No Frequency of reviews & corrections: _____
B2 Ventilation	<input type="checkbox"/> Ongoing commissioning software <input type="checkbox"/> Same information as above. Name of software: _____ Date installed: _____ Frequency of reviews & corrections: _____	<input type="checkbox"/> In-person monitoring & fault detection <input type="checkbox"/> Same information as above. Who monitors? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Who corrects faults? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Rely on Building Automation System? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No Frequency of reviews & corrections: _____
B3 Cooling	<input type="checkbox"/> Ongoing commissioning software <input type="checkbox"/> Same information as above. Name of software: _____ Date installed: _____ Frequency of reviews & corrections: _____	<input type="checkbox"/> In-person monitoring & fault detection <input type="checkbox"/> Same information as above. Who monitors? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Who corrects faults? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Rely on Building Automation System? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No Frequency of reviews & corrections: _____
B4 Lighting	<input type="checkbox"/> Ongoing commissioning software <input type="checkbox"/> Same information as above. Name of software: _____ Date installed: _____ Frequency of reviews & corrections: _____	<input type="checkbox"/> In-person monitoring & fault detection <input type="checkbox"/> Same information as above. Who monitors? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Who corrects faults? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Rely on Building Automation System? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No Frequency of reviews & corrections: _____
B5 Water Heating	<input type="checkbox"/> Ongoing commissioning software <input type="checkbox"/> Same information as above. Name of software: _____ Date installed: _____ Frequency of reviews & corrections: _____	<input type="checkbox"/> In-person monitoring & fault detection <input type="checkbox"/> Same information as above. Who monitors? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Who corrects faults? <input type="checkbox"/> Staff <input type="checkbox"/> Vendor Rely on Building Automation System? <input type="checkbox"/> Yes <input type="checkbox"/> Partially <input type="checkbox"/> No Frequency of reviews & corrections: _____

C. Report Results *Required for all applications*

Please provide a short summary of your findings. *For example, what are the most common faults that were detected? What were the most common corrections the building required? Are there any patterns or themes?*

Please describe the typical process (e.g. responsible parties, procedures, timeframes, and report-backs) for taking corrective action when faults are detected. *This should also orient the reviewer to attached documentation of active monitoring and continuous commissioning, including an orientation to where reports highlight evidence of faults and subsequent corrections, where applicable.*

D. Required Documentation *Required for all applications*

- Documentation of eight (one per quarter over two years) reports generated by continuous commissioning software, building automation systems or by staff that indicate continuous monitoring, analysis of operational data, fault detection, and diagnostics with actionable and measurable instruction for corrective action, and evidence that corrective actions occurred when faults were detected for heating, ventilation, cooling lighting and water heating systems. Please combine eight reports into one pdf before attaching.

E. Statement of Owner or Building Representative *Required for all applications*

By checking the box below, I, the undersigned representative of the building affirm and attest to the accuracy, truthfulness and completeness of the statements of material fact provided in this form. I understand these statements are subject to verification.

- Pursuant to RCW 9A.72.085, I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. By clicking this box, I intend to submit my signature.

Name

Date