

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY for design and performance of residential ventilation systems to NBC 05 - 9.32		
A COMBUSTION APPLIANCES	<input type="checkbox"/> forced air circulation	ABCDEFJK
	<input type="checkbox"/> no forced air circulation	CDJK
	<input type="checkbox"/> no combustion appliances	ABCDEFJK
	<input type="checkbox"/> any non direct/mech vent heating or DHW	ABCDEFJK
	<input type="checkbox"/> any non direct vent fireplace	ABCDEFJK
	<input type="checkbox"/> any solid fuel	ABCDEFJK
	<input type="checkbox"/> soil gas is a problem & no midigation sys	ABCDEFJK
B SYSTEM DESIGN OPTIONS	<input type="checkbox"/> A ventilation coupled with forced air ventilation supply air and supplemental fans	
	<input type="checkbox"/> B ventilation coupled with forced air, heat recovery ventilation supply air and supplemental fans	
	<input type="checkbox"/> C ventilation not coupled with forced air, with ventilation supply air and supplemental fans	
	<input type="checkbox"/> D ventilation not coupled with forced air, heat recovery ventilation supply air and supplemental fans	
	<input type="checkbox"/> E dual capacity ventilation coupled with forced air ventilation supply air and no supplemental fans	
	<input type="checkbox"/> F ventilation coupled with forced air, dual capacity heat recovery, ventilation supply air and no supplemental fans	
	<input type="checkbox"/> J exhaust only ventilation no ventilation supply air with or without forced air circulation and supplemental fans	
	<input type="checkbox"/> K ventilation system complying with CSA F-326	
	C PRINCIPAL VENTILATION FAN	Number of bedrooms _____ airflow = _____ to _____ cfm (one =32-48, two =36-56, three =44-64, four =52-76, five=60-90)
Location: _____ sones		
Manufacturer / Model: _____ <input type="checkbox"/> HVI		
D VENTILATION SUPPLY AIR	<input type="checkbox"/> required <input type="checkbox"/> not required	
	Location: _____ sones	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	
E KITCHEN SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required	
	Location: _____ sones	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	
F KITCHEN MAKE-UP AIR	<input type="checkbox"/> required <input type="checkbox"/> not required	
	Location: _____ sones	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	
G BATH SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required	
	Location: _____ sones	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	
H BATH MAKE-UP	<input type="checkbox"/> required <input type="checkbox"/> not required	
	Location: _____ sones	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	
Exhaust device: _____ Location _____		I OTHER EXHAUST DEVICES & ASSOCIATED MAKE-UP AIR
Device airflow: _____ cfm		
Make-up fan man/model _____		
Location _____ Design airflow: _____ cfm		J SITE
Exhaust device: _____ Location _____		
Device airflow: _____ cfm		
Make-up fan man/model _____		K BUILDER
Location _____ Design airflow: _____ cfm		
Exhaust device: _____ Location _____		
Device airflow: _____ cfm		L DESIGNER
Make-up fan man/model _____		
Location _____ Design airflow: _____ cfm		
Roll #: _____ permit #: _____ lot & plan: _____		M MEASURED AIRFLOWS
Township: _____ civic address: _____		
Name: _____ R2000 ID # _____		
Address: _____ city: _____		N INSTALLER COMMISSIONER
Postal code: _____ ph: _____ fax: _____		
Name: _____ HRAI # _____		
Address: _____ city: _____		O DESIGNER
Postal code: _____ ph: _____ fax: _____		
I certify this ventilation system design to be in accordance with: <input type="checkbox"/> NBC 05 9.32 <input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000		
Signature: _____ Date: _____		P MEASURED AIRFLOWS
VENTILATION SYSTEM		
Principal ventilation fan airflow _____ cfm		
Ventilation supply air airflow _____ cfm		Q MEASURED AIRFLOWS
Ventilation supply airflow 90% -110% of principal fan airflow		
Measuring method to be accurate within + or - 15% of flow measured		
Name: _____ HRAI # _____		R INSTALLER COMMISSIONER
Address: _____ city: _____		
Postal code: _____ ph: _____ fax: _____		
I certify this ventilation system installed to be in accordance with: <input type="checkbox"/> NBC 05 9.32 <input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000		S INSTALLER COMMISSIONER
Signature: _____ Date: _____		