

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to NBC 2015 - 9.32

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|--|--|---|--|
| A COMBUSTION APPLIANCES | forced air circulation | <input type="checkbox"/> required <input type="checkbox"/> not required | H BATH MAKE-UP |
| | no forced air circulation | Location: _____ sones _____ | |
| | no combustion appliances | Manufacturer / Model: _____ <input type="checkbox"/> HVI | |
| | any non direct/mech vent heating or DHW | Design airflow: _____ cfm | |
| | any non direct vent fireplace | Exhaust device: _____ Location _____ | |
| B SYSTEM DESIGN OPTIONS | any solid fuel | Device airflow: _____ cfm | F OTHER EXHAUST DEVICES & ASSOCIATED MAKE-UP AIR |
| | | Make-up fan man/model _____ | |
| | | Location _____ Design airflow: _____ cfm | |
| | | Exhaust device: _____ Location _____ | |
| | | Device airflow: _____ cfm | |
| C PRINCIPAL VENTILATION FAN | Number of Bedrooms: 1 2 3 4 5 Airflow= _____ cfm | Roll #: _____ permit #: _____ | J SITE |
| | Location: _____ sones _____ | lot & plan: _____ | |
| | Manufacturer / Model: _____ <input type="checkbox"/> HVI | Township: _____ civic address: _____ | |
| | Design airflow: _____ cfm low _____ cfm high | Name: _____ | |
| | If HRV/ERV used: HRV/ERV _____ % Sensible Efficiency @ 0°C _____ watts HRV/ERV _____ % Sensible Efficiency @ -25°C _____ watts | Address: _____ city: _____ | |
| <small>Notes: 1. If HRV/ERV is used, airflow shall not be less than principal ventilation rate. 2. High airflow rate must be at least 2.5 times low airflow rate if no supplemental exhaust fan is installed in the kitchen.</small> | | Postal code: _____ ph: _____ fax: _____ | K BUILDER |
| <input type="checkbox"/> required <input type="checkbox"/> not required | | Name: _____ HRAI # _____ | |
| Location: _____ sones _____ | | Address: _____ city: _____ | |
| Manufacturer / Model: _____ <input type="checkbox"/> HVI | | Postal code: _____ ph: _____ fax: _____ | |
| Design airflow: _____ cfm low _____ cfm high | | I certify this ventilation system design to be in accordance with: <input type="checkbox"/> NBC-2015 9.32 | |
| D VENTILATION SUPPLY AIR | <input type="checkbox"/> required <input type="checkbox"/> not required | Signature: _____ Date: _____ | L DESIGNER |
| | Location: _____ sones _____ | VENTILATION SYSTEM | |
| | Manufacturer / Model: _____ <input type="checkbox"/> HVI | Principal ventilation fan airflow _____ cfm | |
| | Design airflow: _____ cfm low _____ cfm high | Ventilation supply air airflow _____ cfm | |
| | If HRV/ERV used: | Low Supply: _____ cfm High Supply: _____ cfm | |
| E KITCHEN SUPPLEMENTAL | <input type="checkbox"/> required <input type="checkbox"/> not required | Low Exhaust: _____ cfm High Exhaust: _____ cfm | M MEASURED AIRFLOWS |
| | Location: _____ sones _____ | Notes: 1. Ventilation supply airflow 90% -110% of principal fan airflow 2. Measuring method to be accurate within + or - 15% of flow measured | |
| | Manufacturer / Model: _____ <input type="checkbox"/> HVI | Name: _____ HRAI # _____ | |
| | Design airflow: _____ cfm | Address: _____ city: _____ | |
| | | Postal code: _____ ph: _____ fax: _____ | |
| F KITCHEN MAKE-UP AIR | <input type="checkbox"/> required <input type="checkbox"/> not required | I certify this ventilation system installed to be in accordance with: <input type="checkbox"/> NBC-2015 9.32 | N INSTALLER COMMISSIONER |
| | Location: _____ sones _____ | Signature: _____ Date: _____ | |
| | Manufacturer / Model: _____ <input type="checkbox"/> HVI | | |
| | Design airflow: _____ cfm | | |
| | | | |
| G BATH SUPPLEMENTAL | <input type="checkbox"/> required <input type="checkbox"/> not required | | |
| | Location: _____ sones _____ | | |
| | Manufacturer / Model: _____ <input type="checkbox"/> HVI | | |
| | Design airflow: _____ cfm | | |
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