

# RESIDENTIAL MECHANICAL VENTILATION RECORD

*For Certification of Design and Performance of Residential Ventilation Systems*

**W2**

<b>A</b>	<b>ADDRESS</b>	Municipality: _____ Civic Address: _____	HRV/ERV      Central In-line Fan      Bath Fan Location: _____ Manufacturer: _____	<b>H</b>
<b>B</b>	<b>BUILDER</b>	Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	Model: _____ HVI Rated Design Airflow: _____ High: _____ CFM      ESP: _____ "w.c. Low: _____ CFM      Sones: _____	<b>TVC SYSTEM</b>
<b>C</b>	<b>DESIGNER</b>	Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____ E-mail: _____ HRAI #: _____	For HRV/ERV: _____ % SRE @ 0 °C @ _____ CFM _____ % SRE @ -25 °C @ _____ CFM	
<b>D</b>	<b>HEATING SYSTEM/ COMBUSTION APPLIANCES</b>	Forced Air      Non Forced air Electric      Gas      Oil      Other No Combustion Appliances <i>No Dep limit</i> Solid Fuel (including Fireplaces) <i>5 Pa Dep limit</i> Direct Vent (sealed combustion) <i>No Dep Limit</i> Induced Draft/Power Vent <i>Pa Dep limit</i> Natural Draft or B-Vented <i>5 Pa Dep limit</i> Lowest Depressurization Limit      _____ Pa.	Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM      ESP: _____ "w.c. TVC      Exhaust      Make-up Air      Recirc	<b>I</b>
<b>E</b>	<b>CEC EQUIPMENT</b>	Clothes Dryer(s)      (150 cfm default) Downdraft Cook Top      (220 cfm default) Other (exhaust)      (over 150 cfm) Depressurization test required?      See W-3C worksheet	Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM      ESP: _____ "w.c. TVC      Exhaust      Make-up Air      Recirc	
<b>F</b>	<b>TOTAL VENTILATION CAPACITY (TVC)</b>	Bsmt & Master Bedroom      @ 20 cfm      _____ cfm Other Bedrooms      @ 10 cfm      _____ cfm Bathrooms & Kitchens      @ 10 cfm      _____ cfm Other Hab. Rooms      @ 10 cfm      _____ cfm Total Ventilation Capacity (TVC)      _____ cfm Depressurization test required?      See W-3A or W-3B	Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM      ESP: _____ "w.c. TVC      Exhaust      Make-up Air      Recirc	<b>ADDITIONAL EQUIPMENT</b>
<b>G</b>	<b>EXHAUST CAPACITY</b>	<b>Continuous</b> Minimum Continuous Exhaust Kitchen(s)      @ 60 cfm      = _____ cfm Bathroom(s)      @ 20 cfm      = _____ cfm Total      _____ cfm	Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM      ESP: _____ "w.c. TVC      Exhaust      Make-up Air      Recirc	
<b>J</b>	<b>DESIGNER CONSENT</b>	<b>Intermittent</b> Minimum Intermittent Exhaust Kitchen(s)      @ 100 cfm      = _____ cfm Bathroom(s)      @ 50 cfm      = _____ cfm Total      _____ cfm	I, _____ certify this ventilation system design to be in accordance with CSA F326:  Date: _____ Signature: _____	

Conversion note: 1 L/s = 2 CFM (For hard conversion, use 1 L/s = 2.118 CFM)

