

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

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

1. Location Municipality: _____ Civic Address: _____	9. Principal Ventilation Fan <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">HRV/ERV</td> <td style="width: 33%; text-align: center;">Central Inline Fan</td> <td style="width: 33%; text-align: center;">Bathroom Fan</td> </tr> <tr> <td colspan="3">Location: _____</td> </tr> <tr> <td colspan="3">Manufacturer: _____</td> </tr> <tr> <td colspan="3">Model: _____ HVI Rated</td> </tr> <tr> <td colspan="2">Design Airflow: Low: _____ CFM</td> <td>High: _____ CFM</td> </tr> <tr> <td colspan="2">Sones: _____</td> <td>ESP: _____ "w.c.</td> </tr> <tr> <td colspan="3">_____ % Sensible Efficiency @ 0 °C @ _____ CFM</td> </tr> <tr> <td colspan="3">_____ % Sensible Efficiency @ -25 °C @ _____ CFM</td> </tr> </table> (If HRV/ERV is used, the system must also comply with 9.36.3.9)	HRV/ERV	Central Inline Fan	Bathroom Fan	Location: _____			Manufacturer: _____			Model: _____ HVI Rated			Design Airflow: Low: _____ CFM		High: _____ CFM	Sones: _____		ESP: _____ "w.c.	_____ % Sensible Efficiency @ 0 °C @ _____ CFM			_____ % Sensible Efficiency @ -25 °C @ _____ CFM		
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2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	10. Other Ventilation Fans Location: _____ Sones: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Supplemental Fan</td> <td style="width: 50%; text-align: center;">Supply Fan for Principal Exhaust</td> </tr> <tr> <td style="text-align: center;">Circulation Fan</td> <td style="text-align: center;">Make-up Air Fan for _____</td> </tr> </table>	Supplemental Fan	Supply Fan for Principal Exhaust	Circulation Fan	Make-up Air Fan for _____																				
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3. Designer Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____ HRAI #: _____ E-mail: _____	Location: _____ Sones: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Supplemental Fan</td> <td style="width: 50%; text-align: center;">Supply Fan for Principal Exhaust</td> </tr> <tr> <td style="text-align: center;">Circulation Fan</td> <td style="text-align: center;">Make-up Air Fan for _____</td> </tr> </table>	Supplemental Fan	Supply Fan for Principal Exhaust	Circulation Fan	Make-up Air Fan for _____																				
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4. Combustion Appliances a) Direct Vent b) Induced Draft c) Natural Draft d) Solid Fuel Appliances e) No Combustion Appliances CO Alarm Required	Location: _____ Sones: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Supplemental Fan</td> <td style="width: 50%; text-align: center;">Supply Fan for Principal Exhaust</td> </tr> <tr> <td style="text-align: center;">Circulation Fan</td> <td style="text-align: center;">Make-up Air Fan for _____</td> </tr> </table>	Supplemental Fan	Supply Fan for Principal Exhaust	Circulation Fan	Make-up Air Fan for _____																				
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5. Heating System <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Forced Air</td> <td style="width: 50%; text-align: center;">Non-Forced Air</td> </tr> <tr> <td style="text-align: center;">Gas Propane Other</td> <td></td> </tr> <tr> <td style="text-align: center;">Oil Electricity</td> <td></td> </tr> </table>	Forced Air	Non-Forced Air	Gas Propane Other		Oil Electricity		Location: _____ Sones: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Supplemental Fan</td> <td style="width: 50%; text-align: center;">Supply Fan for Principal Exhaust</td> </tr> <tr> <td style="text-align: center;">Circulation Fan</td> <td style="text-align: center;">Make-up Air Fan for _____</td> </tr> </table>	Supplemental Fan	Supply Fan for Principal Exhaust	Circulation Fan	Make-up Air Fan for _____														
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6. Distribution System Furnace Inline fan HRV/ERV	Location: _____ Sones: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Supplemental Fan</td> <td style="width: 50%; text-align: center;">Supply Fan for Principal Exhaust</td> </tr> <tr> <td style="text-align: center;">Circulation Fan</td> <td style="text-align: center;">Make-up Air Fan for _____</td> </tr> </table>	Supplemental Fan	Supply Fan for Principal Exhaust	Circulation Fan	Make-up Air Fan for _____																				
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7. Principal Ventilation System Design Option Exhaust only forced air distribution system (Circ. fan at least 5 times the capacity of the principal exhaust) Balanced no heat recovery HRV/ERV with extended exhaust HRV/ERV with simplified exhaust HRV/ERV with full ducting/not coupled to forced air HRV/ERV with no supplemental fans (High speed must be at least 2.5 times the principal exhaust) Supplemental fans	Location: _____ Sones: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Supplemental Fan</td> <td style="width: 50%; text-align: center;">Supply Fan for Principal Exhaust</td> </tr> <tr> <td style="text-align: center;">Circulation Fan</td> <td style="text-align: center;">Make-up Air Fan for _____</td> </tr> </table>	Supplemental Fan	Supply Fan for Principal Exhaust	Circulation Fan	Make-up Air Fan for _____																				
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8. Principal Ventilation Capacity (PVC) # of Bedrooms: Required Exh Airflow: CFM Supply Air Required: Yes No Mixed Air Temperature Calculation Required: Yes No For a System coupled with a Forced Air Furnace: Furnace Blower Rate: _____ CFM Max Allowable Outdoor Airflow as per NBC 9.32.3.4.(2): _____ CFM	11. Designer Consent I _____ certify this ventilation system is designed to be in accordance with NBC-2015 9.32 Date: _____ Signature: _____																								

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

Note: Secondary suite ventilation system requires a separate design

