

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to NBC 2010 - 9.32

A	COMBUSTION APPLIANCES	<input type="checkbox"/> required <input type="checkbox"/> not required Location: _____ sones _____ Manufacturer / Model: _____ <input type="checkbox"/> HVI Design airflow: _____ cfm	H
	forced air circulation no forced air circulation no combustion appliances any non direct/mech vent heating or DHW any non direct vent fireplace any solid fuel	Exhaust device: _____ Location _____ Device airflow: _____ cfm Make-up fan man/model _____ Location _____ Design airflow: _____ cfm Exhaust device: _____ Location _____ Device airflow: _____ cfm Make-up fan man/model _____ Location _____ Design airflow: _____ cfm	F
B	SYSTEM DESIGN OPTIONS	Roll #: _____ permit #: _____ lot & plan: _____ Township: _____ civic address: _____	G
C	PRINCIPAL VENTILATION FAN	Name: _____ Address: _____ city: _____ Postal code: _____ ph: _____ fax: _____ Name: _____ HRAI # _____ Address: _____ city: _____ Postal code: _____ ph: _____ fax: _____	K
	Number of Bedrooms: 1 2 3 4 5 Airflow= _____ cfm Location: _____ sones _____ Manufacturer / Model: _____ <input type="checkbox"/> HVI Design airflow: _____ cfm low _____ cfm high If HRV/ERV used: HRV/ERV _____ % Sensible Efficiency @ 0°C _____ watts HRV/ERV _____ % Sensible Efficiency @ -25°C _____ watts 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.	I certify this ventilation system design to be in accordance with: <input type="checkbox"/> NBC-2010 9.32 Signature: _____ Date: _____	L
D	VENTILATION SUPPLY AIR	<input type="checkbox"/> required <input type="checkbox"/> not required Location: _____ sones _____ Manufacturer / Model: _____ <input type="checkbox"/> HVI Design airflow: _____ cfm low _____ cfm high	M
E	KITCHEN SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required Location: _____ sones _____ Manufacturer / Model: _____ <input type="checkbox"/> HVI Design airflow: _____ cfm	MEASURED AIRFLOWS
F	KITCHEN MAKE-UP AIR	Low Supply: _____ cfm High Supply: _____ cfm Low Exhaust: _____ cfm High Exhaust: _____ cfm Notes: 1. Ventilation supply airflow 90% -110% of principal fan airflow 2. Measuring method to be accurate within + or - 15% of flow measured	
G	BATH SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required Location: _____ sones _____ Manufacturer / Model: _____ <input type="checkbox"/> HVI Design airflow: _____ cfm	
H	BATH MAKE-UP AIR	Name: _____ HRAI # _____ Address: _____ city: _____ Postal code: _____ ph: _____ fax: _____ I certify this ventilation system installed to be in accordance with: <input type="checkbox"/> NBC-2010 9.32 Signature: _____ Date: _____	N

