

# RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

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

<b>A</b> COMBUSTION APPLIANCES	forced air circulation	<input type="checkbox"/> required <input type="checkbox"/> not required	<b>H</b> 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>B</b> SYSTEM DESIGN OPTIONS	any solid fuel	Device airflow: _____ cfm	<b>F</b> OTHER EXHAUST DEVICES & ASSOCIATED MAKE-UP AIR
		Make-up fan man/model _____	
		Location _____ Design airflow: _____ cfm	
		Exhaust device: _____ Location _____	
		Device airflow: _____ cfm	
		Make-up fan man/model _____	
		Location _____ Design airflow: _____ cfm	
<b>C</b> PRINCIPAL VENTILATION FAN	Number of Bedrooms: 1   2   3   4   5   Airflow= _____ cfm	Roll #: _____ permit #: _____	<b>J</b> SITE
	Location: _____ sones _____	lot & plan: _____	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	Township: _____ civic address: _____	
<b>D</b> VENTILATION SUPPLY AIR	Design airflow: _____ cfm low    _____ cfm high	Name: _____	<b>K</b> BUILDER
	If HRV/ERV used:	Address: _____ city: _____	
	HRV/ERV _____ % Sensible Efficiency @ 0°C _____ watts	Postal code: _____ ph: _____ fax: _____	
	HRV/ERV _____ % Sensible Efficiency @ -25°C _____ watts	Name: _____ HRAI # _____	
	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.	Address: _____ city: _____	
<b>E</b> KITCHEN SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required	Postal code: _____ ph: _____ fax: _____	<b>L</b> DESIGNER
	Location: _____ sones _____	I certify this ventilation system design to be in accordance with:	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	<input type="checkbox"/> NBC-2010 9.32	
<b>F</b> KITCHEN MAKE-UP AIR	Design airflow: _____ cfm	Signature: _____ Date: _____	<b>M</b> MEASURED AIRFLOWS
		VENTILATION SYSTEM	
		Principal ventilation fan airflow _____ cfm	
<b>G</b> BATH SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required	Ventilation supply air airflow _____ cfm	<b>N</b> INSTALLER COMMISSIONER
	Location: _____ sones _____	If HRV/ERV used:	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	Low Supply: _____ cfm High Supply: _____ cfm	
<b>H</b> KITCHEN MAKE-UP AIR	Design airflow: _____ cfm	Low Exhaust: _____ cfm High Exhaust: _____ cfm	<b>O</b> MEASURED AIRFLOWS
		Notes: 1. Ventilation supply airflow 90% -110% of principal fan airflow 2. Measuring method to be accurate within + or - 15% of flow measured	
		Name: _____ HRAI # _____	
<b>I</b> BATH SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required	Address: _____ city: _____	<b>P</b> MEASURED AIRFLOWS
	Location: _____ sones _____	Postal code: _____ ph: _____ fax: _____	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	I certify this ventilation system installed to be in accordance with:	
<b>J</b> KITCHEN MAKE-UP AIR	Design airflow: _____ cfm	<input type="checkbox"/> NBC-2010 9.32	<b>Q</b> MEASURED AIRFLOWS
		Signature: _____ Date: _____	

