

# RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

## for design and performance of residential ventilation systems to NBC 2015 - 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	
<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: _____	
	Design airflow: _____ cfm low    _____ cfm high		
	If HRV/ERV used: HRV/ERV _____ % Sensible Efficiency @ 0°C _____ watts HRV/ERV _____ % Sensible Efficiency @ -25°C _____ watts	Name: _____	
<b>D</b> VENTILATION SUPPLY AIR	<input type="checkbox"/> required <input type="checkbox"/> not required	Address: _____ city: _____	<b>K</b> BUILDER
	Location: _____ sones _____	Postal code: _____ ph: _____ fax: _____	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI	Name: _____ HRAI # _____	
	Design airflow: _____ cfm low    _____ cfm high	Address: _____ city: _____	
		Postal code: _____ ph: _____ fax: _____	
<b>E</b> KITCHEN SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required	<b>L</b> DESIGNER	
	Location: _____ sones _____		
	Manufacturer / Model: _____ <input type="checkbox"/> HVI		
	Design airflow: _____ cfm		
<b>F</b> KITCHEN MAKE-UP AIR	<input type="checkbox"/> required <input type="checkbox"/> not required	<b>M</b> MEASURED AIRFLOWS	
	Location: _____ sones _____		
	Manufacturer / Model: _____ <input type="checkbox"/> HVI		
	Design airflow: _____ cfm		
<b>G</b> BATH SUPPLEMENTAL	<input type="checkbox"/> required <input type="checkbox"/> not required	<b>N</b> INSTALLER COMMISSIONER	
	Location: _____ sones _____		
	Manufacturer / Model: _____ <input type="checkbox"/> HVI		
	Design airflow: _____ cfm		

I certify this ventilation system design to be in accordance with:  
 NBC-2015 9.32  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VENTILATION SYSTEM**  
 Principal ventilation fan airflow \_\_\_\_\_ cfm  
 Ventilation supply air airflow \_\_\_\_\_ cfm

If HRV/ERV used:  
 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

Name: \_\_\_\_\_ HRAI # \_\_\_\_\_  
 Address: \_\_\_\_\_ city: \_\_\_\_\_  
 Postal code: \_\_\_\_\_ ph: \_\_\_\_\_ fax: \_\_\_\_\_

I certify this ventilation system installed to be in accordance with:  
 NBC-2015 9.32  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

