

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY
for design and performance of residential ventilation systems to OBC 2012 Div. B 9.32

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|--------------------------------------|---|--|---|-------------------------------|
| LOCATION | 1. Location Township: _____ Civic Address: _____ | | 8. TVC System <input type="checkbox"/> HRV <input type="checkbox"/> Central Exhaust <input type="checkbox"/> Multiple Fans | TVC SYSTEM |
| | 2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____ | | | |
| DESIGNER | 3. Designer Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____ Firm BCIN: _____ Designer BCIN: _____ HRAI#: _____ | | 9. Principal Exhaust Fan Capacity (PEF) Master Bedroom _____ @ 30 CFM(15L/S) _____ Other Bedrooms _____ @ 15 CFM(7.5L/S) _____ Total _____ | PRINCIPAL EXH. FAN CAPACITY |
| | 4. a) Heating Systems 4. b) House Style Forced air Non Forced Air One Dwelling Unit Gas Propane Other House with two dwelling units Oil Electricity Dedicated Shared | | | |
| HEATING SYSTEM COMBUSTION APPLIANCES | 5. Combustion Appliances 9.32.3.1.(1) a) Direct Vent b) Induced Draft c) Natural Draft d) Solid Fuel Appliances e) No combustion appliances | | 10. Principal Exhaust Fan Location _____ HVI rated Manufacturer _____ Model _____ Design Airflow High _____ Low _____ Sones _____ If Using HRV/ERV: _____ % Sensible Efficiency @ 0°C _____ _____ % Sensible Efficiency @ -25°C _____ | PRINCIPAL EXHAUST FAN |
| | 6. Type of House 9.32.3.1.(2) <input type="checkbox"/> Type 1 a) or b) type appliances only <input type="checkbox"/> Type 2 a) or b) type appliances with a d) type appliance <input type="checkbox"/> Type 3 any type c) appliance = part 6 design <input type="checkbox"/> Type 4 electric space heat | | | |
| SYSTEM DESIGN OPTION | 7. System Design Option Exhaust only forced air system/coupled HRV with extended exhaust or simplified coupled HRV full ducting/not coupled to forced air Part 6 design | | 11. Supplemental Exhaust Fan Capacity (SEF) Total Ventilation Capacity _____ Less Principal Ventilation Capacity _____ Required Supplemental Ventilation Capacity _____ | SUPPLEMENTAL EXHAUST CAPACITY |
| | 8. TVC Capacity OBC 9.32.3.3 Bsmt & Master bedroom _____ @ 20 CFM (10 L/S) _____ Other Bedrooms _____ @ 10 CFM (5 L/S) _____ Bathrooms & Kitchen _____ @ 10 CFM (5 L/S) _____ Other Habitable Rooms _____ @ 10 CFM (5 L/S) _____ Total Ventilation Capacity (TVC) _____ | | | |
| TOTAL VENTILATION CAPACITY (TVC) | 12. Additional Equipment Fan 2 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ Fan 3 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ Fan 4 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ | | 13. Designer Consent I, _____ have reviewed and take responsibility for the design work described in this document and I am qualified in the appropriate categories. Date: / / Signature: _____ | ADDITIONAL EXHAUST EQUIPMENT |
| | 13. Designer Consent | | | |

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

