

RESIDENTIAL MECHANICAL VENTILATION RECORD

for certification of design and performance of residential ventilation systems

W-2

A HEATING SYSTEM COMBUSTION APPLIANCES	<input type="checkbox"/> Forced air <input type="checkbox"/> Non forced air	Roll #:	Permit #:	H LOCATION	
	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other	Lot & Plan #:	Township:		
	<input type="checkbox"/> No combustion appliances no depressurization limit	Civic address:			
	<input type="checkbox"/> Solid fuel (including fireplaces) 5 pa depress limit	Name:	R2000 ID #		
	<input type="checkbox"/> Direct vent (sealed combustion) only no depress limit	Address:			
	<input type="checkbox"/> Induced draft _____ pa depress limit	City:	Postal code:		
	<input type="checkbox"/> Natural draft or B-vent 5 pa depressurization limit	Phone:	Fax:		
B EXHAUST EQUIPMENT	<input type="checkbox"/> Clothes dryer 150 cfm (default)	Name:	HRAI #	C DESIGNER	
	<input type="checkbox"/> Down draft cook top 220 cfm (default)	Address:			
	<input type="checkbox"/> Other: (over 150 cfm)	City:	Postal code:		
Depressurization test / calculation required? <input type="checkbox"/> yes <input type="checkbox"/> no		Phone:	Fax:		
G TOTAL VENTILATION CAPACITY (TVC)	Bsmt & Master bdrm _____ @ 20 cfm _____ cfm	I certify this ventilation system design to be in accordance with: <input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '98 (9.32)			
	Other bedrooms _____ @ 10 cfm _____ cfm				
	Bathrooms & Kitchen _____ @ 10 cfm _____ cfm	Signature:	Date:		
	Other habitable rooms _____ @ 10 cfm _____ cfm	<input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating and clean			
	TOTAL VENTILATION CAPACITY (TVC) _____ cfm	<input type="checkbox"/> Filters clean <input type="checkbox"/> Flow measuring stations			
D EXHAUST CAPACITY CONTINUOUS	Kitchens _____ @ 60 cfm _____ cfm	<input type="checkbox"/> Dampers accessible <input type="checkbox"/> Insulated duct sealed		K INSTALLATION CHECKLIST	
	Bathrooms _____ @ 20 cfm _____ cfm	<input type="checkbox"/> Drain loop & connection			
	TOTAL _____ cfm	<input type="checkbox"/> Distribution to all habitable rooms			
	Kitchens _____ @ 100 cfm _____ cfm	<input type="checkbox"/> Forced air system <input type="checkbox"/> continuous mode <input type="checkbox"/> interlocked			
	Bathrooms _____ @ 50 cfm _____ cfm	<input type="checkbox"/> Kitchen intake grease filter <input type="checkbox"/> Kitchen exhaust 40" to range			
M EXHAUST CAPACITY INTERMITTENT	TOTAL _____ cfm	<input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade			
	Kitchens _____ @ 100 cfm _____ cfm	<input type="checkbox"/> Supply intake 6' from exhaust (recommended)			
	Bathrooms _____ @ 50 cfm _____ cfm	<input type="checkbox"/> Supply intake 3' from other exhaust			
	TOTAL _____ cfm	TVC system supply airflow measured: _____ cfm high _____ cfm low (_____ % TVC)			
		TVC system exhaust airflow measured: _____ cfm high _____ cfm low (_____ % TVC)			
T TVC SYSTEM	Location:	E MEASURED TVC SYSTEM			
	Manufacturer / Model: <input type="checkbox"/> HVI				
	Design airflow: _____ cfm high _____ cfm low				
	_____ % sensible efficiency @ 0 °C _____ watts				
	_____ % sensible efficiency @ -25 °C _____ watts				
G ADDITIONAL EQUIPMENT	1) Location: _____ cfm _____ sones	Name: HRAI #			
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI				
	2) Location: _____ cfm _____ sones	Address:			
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI				
	3) Location: _____ cfm _____ sones	City: Postal Code:			
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI				
	4) Location: _____ cfm _____ sones	Phone: Fax:			
	Manufacturer / Model: <input type="checkbox"/> TVC <input type="checkbox"/> HVI				
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	Signature: Date:				