

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to OBC 2012 - 9.32

1. Location	Municipality: _____ Civic Address: _____		10. TVC System HRV/ERV _____ Central Exhaust _____ Multiple Fans _____
2. Builder	Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____		11. Principal Ventilation Capacity (PVC) Master Bedroom _____ @ 30 CFM (15 L/s) _____ CFM Other Bedrooms _____ @ 15 CFM (7.5 L/s) _____ CFM Total Principal Ventilation Capacity (PVC) _____ CFM
3. Designer	Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____ Designer BCIN: _____ HRAI #: _____ Firm BCIN: _____ E-mail: _____		12. Principal Ventilation Fan Location: _____ Manufacturer: _____ Model: _____ HVI Rated Rated Airflow: Low: _____ CFM High: _____ CFM Sones: _____ ESP: _____ " w.c. _____ % Sensible Efficiency @ 0 C° _____ CFM _____ % Sensible Efficiency @ -25 C° _____ CFM <small>(If HRV/ERV was used, the system must also comply with SB-12)</small>
4. Heating Systems	Forced Air _____ Non-Forced Air _____ Gas _____ Propane _____ Other _____ Oil _____ Electricity _____		13. Supplemental Exhaust Fan Capacity (SEF) Required Total Ventilation Capacity _____ CFM Less Rated Principal Ventilation Capacity _____ CFM Required Supplemental Ventilation Capacity _____ CFM
5. House Style	One Dwelling Unit _____ House with Two Dwelling Units _____ Ventilation System: Shared _____ Dedicated _____		14. Additional Equipment Location: _____ Sones: _____ Manufacturer: _____ HVI Rated Model: _____ TVC Rated Airflow: _____ CFM ESP: _____ " w.c. Location: _____ Sones: _____ Manufacturer: _____ HVI Rated Model: _____ TVC Rated Airflow: _____ CFM ESP: _____ " w.c. Location: _____ Sones: _____ Manufacturer: _____ HVI Rated Model: _____ TVC Rated Airflow: _____ CFM ESP: _____ " w.c.
6. Combustion Appliances	a) Direct Vent _____ b) Induced Draft _____ c) Natural Draft _____ d) Solid Fuel Appliances _____ e) No Combustion Appliances _____		
7. Type of House	Type 1: a) or b) type appliances only Type 2: a) or b) type appliances with a d) type appliance Type 3: any type c) appliance = part 6 design Type 4: electric space heat (same as Type 1)		
8. System Design Option	Exhaust only forced air system (coupled to forced air) HRV/ERV with extended exhaust or simplified (coupled to forced air) HRV/ERV full ducting (not coupled to forced air)		
9. Total Ventilation Capacity (TVC)	Bsmt & Master Bedroom _____ @ 20 CFM (10 L/s) _____ CFM Other Bedrooms _____ @ 10 CFM (5 L/s) _____ CFM Bathrooms & Kitchen _____ @ 10 CFM (5 L/s) _____ CFM Other Habitable Rooms _____ @ 10 CFM (5 L/s) _____ CFM Total Ventilation Capacity (TVC) _____ CFM		15. Designer Consent I _____ certify this ventilation system is designed to be in accordance with OBC-2012 9.32 Date: _____ Signature: _____

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

