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

RESET

LOCATION

1. Location Township: _____
Civic Address: _____

BUILDER

2. Builder Name: _____
Address: _____ City: _____
Postal Code: _____ Ph: _____ Fax: _____

DESIGNER

3. Designer Name: _____
Address: _____
Postal Code: _____ City: _____
Ph: _____ Fax: _____
Firm BCIN: _____
Designer BCIN: _____
HRAI#: _____

HEATING SYSTEM

4. a) Heating Systems

☐ Forced air ☐ Non Forced Air

☐ Gas ☐ Propane ☐ Other

☐ Oil ☐ Electricity

☐ One Dwelling Unit

☐ House with two dwelling units

☐ 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

HOUSE TYPE

6. Type of House 9.32.3.1.(2)

☐ 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

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

TOTAL VENTILATION CAPACITY (TVC)

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)	____ CFM

☐ HRV ☐ Central Exhaust ☐ Multiple Fans

PRINCIPAL EXH. FAN CAPACITY

9. Principal Exhaust Fan Capacity (PEF)

Master Bedroom @ 30 CFM(15L/S)
Other Bedrooms @ 15 CFM(7.5L/S) ____
Total ____ CFM

PRINCIPAL EXHAUST FAN

10. Principal Exhaust Fan

Fan 1
Location _____ HVI rated ☐
Manufacturer _____ Model _____
Design Airflow High ____ L/S Low ____ L/S Sones ____
If Using HRV/ERV:
____ % Sensible Efficiency @ 0°C ____ L/S
____ % Sensible Efficiency @ -25°C ____ L/S

SUPPLEMENTAL EXHAUST CAPACITY

11. Supplemental Exhaust Fan Capacity (SEF)

Total Ventilation Capacity ____
Less Principal Ventilation Capacity ____
Required Supplemental Ventilation Capacity ____ CFM

ADDITIONAL EXHAUST EQUIPMENT

12. Additional Equipment

Fan 2
Location _____ ____ Sones
Manufacturer/Model _____ ☐ TVC
Design airflow ____ L/S

Fan 3
Location _____ ____ Sones
Manufacturer/Model _____ ☐ TVC
Design airflow ____ L/S

Fan 4
Location _____ ____ Sones
Manufacturer/Model _____ ☐ TVC
Design airflow ____ L/S

DESIGNER CONSENT

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:

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

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