

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

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
BUILDER	2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	9. Principal Exhaust Fan Capacity (PEF) Master Bedroom _____ @ 31.8CFM(15L/S) _____ Other Bedrooms _____ @ 15.9CFM(7.5L/S) _____ Total _____	PRINCIPAL EXH. FAN CAPACITY
DESIGNER	3. Designer Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____ Firm BCIN: _____ Designer BCIN: _____ HRAI#: _____		PRINCIPAL EXHAUST FAN
HEATING SYSTEM	4. Heating Systems <input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other	10. Principal Exhaust Fan Location _____ Manufacturer _____ Model _____ <input type="checkbox"/> HVI rated Design Airflow High _____ Low _____ Sones _____ If Using HRV/ERV: _____ % Sensible Efficiency @ 0°C _____ watts _____ % Sensible Efficiency @ -25°C _____ watts	PRINCIPAL EXHAUST FAN
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		11. Supplemental Exhaust Fan Capacity (SEF) Total Ventilation Capacity _____ Less Principle Ventilation Capacity _____ Required Supplemental Ventilation Capacity _____
HOUSE TYPE	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	12. Additional Equipment Fan 2 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM Fan 3 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____	
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		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: _____
TOTAL VENTILATION CAPACITY (TVC)	8. TVC Capacity OBC 9.32.3.3 Bsmt & Master bedroom _____ @ 21.2 CFM (10 L/S) _____ Other Bedrooms _____ @ 10.6 CFM (5 L/S) _____ Bathrooms & Kitchen _____ @ 10.6 CFM (5 L/S) _____ Other Habitable Rooms _____ @ 10.6 CFM (5 L/S) _____ Total Ventilation Capacity (TVC) _____		

Conversion Note: 1 L/S = 2.118 CFM