

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to BCBC 12 - 9.32

LOCATION	1. Location Township: _____ Civic address: _____ No. of Bedrooms: _____ Outdoor DT: _____ Building Floor Area: _____ Building Vol. : _____	8. Bath Fan 9.32.3.6 Location: _____ Manufacturer / Model: _____ Design Airflow: _____ CFM @ _____ in. w.c. (Make-up fan required if airflow > 0.5 ACH and NAFFVA appliance is present)	BATH FAN
BUILDER	2. Builder Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____	9. Bath Make-up Air Fan 9.32.4.1 <input type="checkbox"/> Required <input type="checkbox"/> Not Required Location: _____ Manufacturer / Model: _____ Design Airflow: _____ CFM @ _____ in. w.c.	BATH MAKE-UP AIR
DESIGNER	3. Designer Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____ HRAI #: _____	10. Kitchen Fan 9.32.3.6 Location: _____ Manufacturer / Model: _____ Design Airflow: _____ CFM @ _____ in. w.c. (Make-up fan required if airflow > 0.5 ACH and NAFFVA appliance is present)	KITCHEN FAN
HEATING SYSTEM	4. Heating System <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	11. Kitchen Make-up Air Fan 9.32.4.1 <input type="checkbox"/> Required <input type="checkbox"/> Not Required Location: _____ Manufacturer / Model: _____ Design Airflow: _____ CFM @ _____ in. w.c.	KITCHEN MAKE-UP AIR
HEATING SYSTEM COMBUSTION APPLIANCES	5. Combustion Appliances <input type="checkbox"/> Direct or Power Vent (Non-NAFFVA) <input type="checkbox"/> Vented by Thermal Buoyancy Chimney <input type="checkbox"/> Located in air-barriered room (Non-NAFFVA) <input type="checkbox"/> Located where accessible from within the house (NAFFVA) 0.5 ACH (cfm) = $0.5 \times \text{Bldg Volume (ft}^3) \div 60$ = $0.5 \times$ _____ $\text{ft}^3 \div 60 =$ _____ cfm <input type="checkbox"/> No Combustion Appliances	12. Other Exhaust Devices & Associated Make-up Air Exhaust Device: _____ Location: _____ Device Airflow: _____ CFM @ _____ in. w.c. Make-up fan manufac./model: _____ Make-up air fan location: _____ Make-up Airflow _____ CFM @ _____ in. w.c. (Make-up fan required if airflow > 0.5 ACH and NAFFVA appliance is present)	OTHER EXHAUST DEVICES & ASSOCIATED MAKE-UP AIR
SYSTEM DESIGN OPTION	6. System Design Option <input type="checkbox"/> A Ducted forced-air heating system with outdoor inlet without HRV <input type="checkbox"/> B Ducted forced-air heating system coupled with HRV <input type="checkbox"/> C HRV ventilation system with dedicated ducting <input type="checkbox"/> D Ducted central-recirculation ventilation system <input type="checkbox"/> E Passive vent principal ventilation system <input type="checkbox"/> F Ventilation system complying with CSA F-326	13. Heated Crawlspace Ventilation (select one that applies) If heated by a ducted forced air heating: <input type="checkbox"/> Has one air-transfer grill to the space above, and the return air is NOT drawn from the crawlspace If heated OTHER THAN by a ducted forced air heating: <input type="checkbox"/> Has one air-transfer grill to the space above, and a supply duct or exh inlet connected to principal vent system <input type="checkbox"/> Has two air-transfer grilles to above space <input type="checkbox"/> Has an air-transfer grille to the space above, and also has a dedicated exhaust fan	HEATED CRAWLSPACE VENTILATION OPTION
PRINCIPAL VENT EXHAUST FAN	7. Principal Ventilation Exhaust Fan 9.32.3.5 Principal Ventilaiton Exhaust Fan Min Air-Flow: _____ CFM Location: _____ Sones: _____ Manufacturer / Model: _____ Design Airflow: _____ CFM @ _____ in. w.c.	14. Designer Consent I, _____ have reviewed and take responsibility for the design work described in this document and I am qualified in the appropriate categories. Signature: _____ Date: _____	DESIGNER CONSENT