

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
	2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____			
DESIGNER	3. Designer Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____ Firm BCIN: _____ Designer BCIN: _____ HRAI#: _____		9. Principal Exhaust Fan Capacity (PEF) Master Bedroom _____ @ 30 CFM(15L/S) _____ Other Bedrooms _____ @ 15 CFM(7.5L/S) _____ Total _____	PRINCIPAL EXH. FAN CAPACITY
	4. a) Heating Systems 4. b) House Style Forced air Non Forced Air One Dwelling Unit Gas Propane Other House with two dwelling units Oil Electricity 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		10. Principal Exhaust Fan Location _____ HVI rated Manufacturer _____ Model _____ Design Airflow High _____ Low _____ Sones _____ If Using HRV/ERV: _____ % Sensible Efficiency @ 0°C _____ _____ % Sensible Efficiency @ -25°C _____	PRINCIPAL EXHAUST FAN
	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			
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		11. Supplemental Exhaust Fan Capacity (SEF) Total Ventilation Capacity _____ Less Principal Ventilation Capacity _____ Required Supplemental Ventilation Capacity _____	SUPPLEMENTAL EXHAUST CAPACITY
	8. TVC Capacity OBC 9.32.3.3 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) _____			
TOTAL VENTILATION CAPACITY (TVC)	12. Additional Equipment Fan 2 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ Fan 3 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ Fan 4 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____		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: _____	ADDITIONAL EXHAUST EQUIPMENT
	13. Designer Consent			

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

