

**IMBALANCE @ CEC (Critical Exhaust Condition)  
for systems with spillage susceptible combustion appliances**

**W-3C  
line #**

<b>1. FLOOR AREA</b>	Total Floor Area _____ ft <sup>2</sup>	301	
(total heated floor area including basement; count crawl space at 1/2 actual area)			
<b>2. ASSUMED AIR CHANGES PER HOUR AT 50 PASCAL'S</b>			
Tight R-2000 0.5 ACH    Typical R-2000 1.0 ACH    Prairies/North (new) 1.0 ACH			
Atlantic (new) 1.5 ACH    Other provinces (new) 1.4 ACH    Older homes 2.5 ACH			
or actual test _____	House ACH50 _____	302	
<b>3. COMBUSTION APPLIANCE DEPRESSURIZATION LIMIT</b>			
<b>OTHER LIMIT = flow factor</b> If spillage susceptible = -5pa, -5 to -10pa    0.022    flow factor = 0.022	Depressurization Limit @ CEC _____ pa	320	
-10 to -20pa    0.036    if "other" appliance, limit =			
-20 to -30pa    0.059    manufacturer's rating = _____ pa			
-30 to -40pa    0.080    for flow factor use chart at left	Flow Factor _____	321	
-40 to -50pa    0.101			
-50 and over    0.143			
<b>4. ALLOWABLE NET EXHAUST</b>			
Floor Area (301) _____ ft <sup>2</sup> x ACH50 (302) _____ x Flow Factor(321) _____ =	Allowable Net Exhaust @ CEC _____ cfm	322	
<b>5. ACTUAL NET EXHAUST</b>			
<p>(List devices over 150 CFM)</p>	TVCC Exhaust _____ cfm	323	
	- minus		
	TVCC Supply _____ cfm		324
	+ plus		
	Dryer Exhaust (default 150) _____ cfm		325
	+ plus Large Exhaust Device over 150 cfm (a) _____ cfm		325a
	+ plus Large Exhaust Device over 150 cfm (b) _____ cfm		325b
+ plus Large Exhaust Device over 150 cfm (c) _____ cfm		325c	
= equals			
Actual Net Exhaust @ CEC _____ cfm		326	
<b>6. REQUIRED MAKE-UP AIR FLOW</b>			
<u>Note:</u> If <b>Actual</b> Net Exhaust is <b>less</b> than <b>Allowable</b> Net Exhaust <b>no action</b> is required.	Actual Net Exhaust @ CEC (line 326) _____ cfm		
	- minus		
	Allowable Net Exhaust @ CEC (line 322) _____ cfm		
	= equals		
	Required Make-Up Airflow @ CEC _____ cfm	327	
@ Depressurization Limit (line 320) _____ pa			
<b>7. DESCRIPTION OF MAKE-UP AIR SYSTEM</b>	_____		
	_____		
	_____		
<b>8. ON-SITE TEST DEPRESSURIZATION TEST</b>	<input type="checkbox"/> Required	<input type="checkbox"/> Not Required	
		328	

Prepared By:	HRAI #:	Job Name:
Signature:	Date:	Job #: _____ Official Use: