

RESIDENTIAL MECHANICAL VENTILATION RECORD

For Certification of Design and Performance of Residential Ventilation Systems

W2

A HEATING SYSTEM/ COMBUSTION APPLIANCES	<input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced air <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other No Combustion Appliances <i>No Depressurization limit</i> Solid Fuel (including Fireplaces) <i>5 pa Depress limit</i> Direct Vent (sealed combustion) <i>No Dep Limit</i> Positive Venting Induced Draft _____ Pascals limit Natural Draft or B-Vent Atmospheric <i>5 pa depress limit</i> Lowest Depressurization Limit _____ Pa.		Roll #: _____	Permit #: _____	LOCATION H	
			Lot & Plan: _____			
			Civic address: _____			
			Name: _____ House ID#: _____			
			Address: _____			
			City: _____ P.C. _____			
		Phone: _____ Fax: _____		BUILDER I		
		Email Address: _____				
B EXHAUST EQUIPMENT	<input type="checkbox"/> Clothes Dryer(s) (150 cfm default) <input type="checkbox"/> Downdraft Cook Top (220 cfm default) <input type="checkbox"/> Other (exhaust) (over 150 cfm)		Name: _____ HRAI #: _____		DESIGNER J	
	Depressurization test/Calc. Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Address: _____			
			City: _____ P.C. _____			
		Phone: _____ Fax: _____			INSTALLATION CHECKLIST K	
		Email Address: _____ Other # _____				
C TOTAL VENTILATION CAPACITY (TVC)	Bsmt & Master Bedroom _____ @ 20 cfm _____ cfm		I certify this ventilation system design to be in accordance with: <input type="checkbox"/> CSA F326 M-91 <input type="checkbox"/> R-2000 Signature: _____ Date: _____			
	Other Bedrooms _____ @ 10 cfm _____ cfm					
	Bathrooms & Kitchens _____ @ 10 cfm _____ cfm					
	Other Hab. Rooms _____ @ 10 cfm _____ cfm					
Total Ventilation Capacity (TVC) _____ cfm						
D EXHAUST CAPACITY	Continuous Minimum Continuous Exhaust Kitchen(s) _____ @ 60 cfm = _____ cfm Bathroom(s) _____ @ 20 cfm = _____ cfm Total _____ cfm		<input type="checkbox"/> Controls Functioning <input type="checkbox"/> Fans operating and clean <input type="checkbox"/> Filters Clean <input type="checkbox"/> Flow measuring stations <input type="checkbox"/> Dampers Accessible <input type="checkbox"/> Insulated ducts sealed <input type="checkbox"/> Drain loop and connection <input type="checkbox"/> Label supply/exhaust hood <input type="checkbox"/> Distribution to all habitable rooms (non forced air) <input type="checkbox"/> Forced air system <input type="checkbox"/> Continuous mode <input type="checkbox"/> Interlocked			
	Intermittent Minimum Intermittent Exhaust Kitchen(s) _____ @ 100 cfm = _____ cfm Bathroom(s) _____ @ 50 cfm = _____ cfm Total _____ cfm		<input type="checkbox"/> Kitchen intake grease filter <input type="checkbox"/> Kitchen exh. 40" to range <input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade <input type="checkbox"/> Supply intake 6' from exhaust (<i>recommended</i>) <input type="checkbox"/> Supply intake 3' from other exhaust			
E F TVC SYSTEM	Location: _____ Manufacturer/Model: _____ <input type="checkbox"/> HVI rated Design Airflow _____ cfm high _____ cfm low HRV/ERV _____ % Sensible Efficiency @ 0°C _____ watts HRV/ERV _____ % Sensible Efficiency @ -25°C _____ watts		TVC system SUPPLY airflow measured _____ cfm High _____ cfm Low TVC system EXHAUST airflow measured _____ cfm High _____ cfm Low		MEASURED TVC SYSTEMS L	
			Name: _____ HRAI #: _____			
			Address: _____			
			City: _____ P.C. _____			
G ADDITIONAL (exhaust) EQUIPMENT	1 Location: _____ cfm _____ Sones Manufacturer/Model: _____ TVC <input type="checkbox"/> HVI <input type="checkbox"/>		Phone: _____ Fax: _____		INSTALLER M	
	2 Location: _____ cfm _____ Sones Manufacturer/Model: _____ TVC <input type="checkbox"/> HVI <input type="checkbox"/>		Email Address: _____			
	3 Location: _____ cfm _____ Sones Manufacturer/Model: _____ TVC <input type="checkbox"/> HVI <input type="checkbox"/>		I certify this ventilation system install to be in accordance with: <input type="checkbox"/> CSA F326 M-91 <input type="checkbox"/> R-2000 Signature: _____ Date: _____			
	4 Location: _____ cfm _____ Sones Manufacturer/Model: _____ TVC <input type="checkbox"/> HVI <input type="checkbox"/>					

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

