

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 ☐ HRV ☐ Central Exhaust ☐ Multiple Fans		TVC SYSTEM
	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 _____		
DESIGNER	3. Designer Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____ Firm BCIN: _____ Designer BCIN: _____ HRAI#: _____		10. Principal Exhaust Fan Fan 1 Location _____ Manufacturer _____ Model _____ ☐ HVI rated Design Airflow High _____ Low _____ Sones _____ If Using HRV/ERV: _____ % Sensible Efficiency @ 0°C _____ watts _____ % Sensible Efficiency @ -25°C _____ watts		PRINCIPAL EXHAUST FAN
	4. Heating Systems ☐ Forced Air ☐ Non Forced Air ☐ Oil ☐ Electric ☐ Gas ☐ Other		11. Supplemental Exhaust Fan Capacity (SEF) Total Ventilation Capacity _____ Less Principle Ventilation Capacity _____ Required Supplemental Ventilation Capacity _____		
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		12. Additional Equipment Fan 2 Location _____ Sones _____ Manufacturer/Model _____ ☐ TVC Design airflow _____ CFM		ADDITIONAL EXHAUST EQUIPMENT
	6. Type of House 9.32.3.1.(2) ☐ Type 1 a) or b) type appliances only ☐ Type 2 a) or b) type appliances with a d) type appliance ☐ Type 3 any type c) appliance = part 6 design ☐ Type 4 electric space heat		Fan 3 Location _____ Sones _____ Manufacturer/Model _____ ☐ 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		Fan 4 Location _____ Sones _____ Manufacturer/Model _____ ☐ TVC Design airflow _____		DESIGNER CONSENT
	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) _____		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: _____		

Conversion Note: 1 L/S = 2.118 CFM