

**RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY**  
for design and performance of residential ventilation systems to OBC 2006 Div. B 9.32

<b>LOCATION</b>	1. Location Municipality: _____ Civic Address: _____	10. House TVC Total Capacity <b>Greatest of <u>room count</u> or <u>0.3 air change</u> = _____ CFM(L/S)</b>	<b>HOUSE TVC</b>
<b>BUILDER</b>	2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	11. TVC System <input type="checkbox"/> HRV <input type="checkbox"/> Central Exhaust <input type="checkbox"/> Multiple Fans	<b>TVC SYSTEM</b>
<b>DESIGNER</b>	3. Designer Name: _____ HRAI#: _____ Firm BCIN: _____ Designer BCIN: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	12. Principal Exhaust Fan Capacity (PEF) Master Bedroom _____ @ 31.8CFM(15L/S) _____ CFM(L/S) Other Bedrooms _____ @ 15.9CFM(7.5L/S) _____ CFM(L/S) Total _____ CFM(L/S)	<b>PRINCIPAL EXH. FAN CAPACITY</b>
<b>HEATING SYSTEM</b>	4. Heating Systems <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	13. Principal Exhaust Fan Fan 1 Location _____ Manufacturer/Model _____ <input type="checkbox"/> HVI rated Design Airflow _____ CFM(L/S) High _____ CFM(L/S) Low _____ Sones (If using) HRV/ERV _____ % Sensible Efficiency @ 0°C _____ watts _____ % Sensible Efficiency @ -25°C _____ watts	<b>PRINCIPAL EXHAUST FAN</b>
<b>HEATING SYSTEM COMBUSTION APPLIANCES</b>	5. Combustion Appliances 9.32.3.1.(1) <input type="checkbox"/> a) Direct Vent No depressurization limit <input type="checkbox"/> b) Induced Draft _____ pa depressurization limit <input type="checkbox"/> c) Natural Draft _____ 5 pa depressurization limit <input type="checkbox"/> d) Solid Fuel Appliances _____ 5 pa depressurization limit <input type="checkbox"/> e) No combustion appliances No depressurization limit	14. Supplemental Exhaust Fan Capacity (SEF) Total Ventilation Capacity _____ CFM(L/S) Less Principle Ventilation Capacity _____ CFM(L/S) Required Supplemental Ventilation Capacity _____ CFM(L/S)	<b>SUPPLEMENTAL EXHAUST CAPACITY</b>
<b>HOUSE TYPE</b>	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	15. Additional Equipment Fan 2 Location _____ Sones Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM(L/S)	<b>ADDITIONAL EXHAUST EQUIPMENT</b>
<b>SYSTEM DESIGN OPTION</b>	7. System Design Option <input type="checkbox"/> Exhaust only forced air system/coupled <input type="checkbox"/> HRV with extended exhaust or simplified coupled <input type="checkbox"/> HRV full ducting/not coupled to forced air <input type="checkbox"/> Part 6 design	Fan 3 Location _____ Sones Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM(L/S)	<b>ADDITIONAL EXHAUST EQUIPMENT</b>
<b>TOTAL VENTILATION CAPACITY (TVC)</b>	8. TVC Capacity [room count OBC 9.32.3.3.(1).(a)] Bsmt & Master bedroom _____ @ 21.2 CFM (10 L/S) _____ CFM(L/S) Other Bedrooms _____ @ 10.6 CFM (5 L/S) _____ CFM(L/S) Bathrooms & Kitchen _____ @ 10.6 CFM (5 L/S) _____ CFM(L/S) Other Habitable Rooms _____ @ 10.6 CFM (5 L/S) _____ CFM(L/S) Total Ventilation Capacity <b>room count</b> (TVC) _____ CFM(L/S)	Fan 4 Location _____ Sones Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM(L/S)	<b>ADDITIONAL EXHAUST EQUIPMENT</b>
<b>TOTAL VENTILATION CAPACITY (TVC)</b>	9. TVC CAPACITY [0.3 air changes per hour OBC 9.32.3.3.(1).(b)] Imperial house volume ft <sup>3</sup> x 0.3 (ACH) = CFM Formula 60 min or Metric house volume m <sup>3</sup> x 0.3 (ACH) = L/S Formula 3.6 _____ x 0.3 (ACH) = _____ CFM(L/S) 60 min or 3.6 (see above)	16 Designer Consent I, _____ have reviewed and take responsibility for the design work described in this document and I am qualified in the appropriate categories. BCIN# Date (yyyy/mm/dd):	<b>DESIGNER CONSENT</b>

Conversion Note: 1 L/S = 2.118 CFM

