

## RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

### LOCATION OF INSTALLATION

Lot # \_\_\_\_\_ Plan # \_\_\_\_\_  
 Township \_\_\_\_\_  
 Roll # \_\_\_\_\_  
 Address \_\_\_\_\_

#### BUILDER

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_

#### INSTALLING CONTRACTOR

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 Tel \_\_\_\_\_ Fax \_\_\_\_\_

#### COMBUSTION APPLIANCES 9.32.3.1.(1)

a) Direct vent (sealed combustion only) \_\_\_\_\_  
 b) Positive venting induced draft \_\_\_\_\_  
 (except fireplaces)  
 c) Natural draft, B-Vent or  
 Induced draft fireplace \_\_\_\_\_  
 d) Solid fuel (including fireplaces) \_\_\_\_\_

#### HEATING SYSTEM

Forced Air \_\_\_\_\_  
 Non Forced Air \_\_\_\_\_  
 Electric Space Heat \_\_\_\_\_

#### HOUSE TYPE 9.32.3.2.(2)

I Type a) or b) appliances, no solid fuel \_\_\_\_\_  
 II Type I except with solid fuel  
 (including fireplace) \_\_\_\_\_  
 III Any Type c) appliance \_\_\_\_\_  
 IV Type I, or II with electric space heat \_\_\_\_\_  
 OTHER: Type I, II, or IV no forced air \_\_\_\_\_

### TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsm't & Master Bdrn _____	@ 10 L/S _____	L/S
Other Bedrooms _____	@ 5 L/S _____	L/S
Bathrooms & Kitchen _____	@ 5 L/S _____	L/S
Other Rooms _____	@ 5 L/S _____	L/S
TOTAL		L/S

#### PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)

Master Bedroom _____	@ 15 L/S _____	L/S
Other Bedrooms _____	@ 7.5 L/S _____	L/S
TOTAL		L/S

#### PRINCIPAL EXHAUST FAN CAPACITY

Model: \_\_\_\_\_ Location \_\_\_\_\_  
 \_\_\_\_\_ L/S \_\_\_\_\_ Sones \_\_\_\_\_ HVI

#### HEAT RECOVERY VENTILATOR

Model: \_\_\_\_\_  
 \_\_\_\_\_ L/S High \_\_\_\_\_ L/S Low  
 \_\_\_\_\_ % Sensible Efficiency @ - 25C \_\_\_\_\_ HVI

#### SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity \_\_\_\_\_ L/S  
 Less Principal Vent. Capacity \_\_\_\_\_ L/S  
 Required Supplemental Vent. Cap \_\_\_\_\_ L/S

#### SUPPLEMENTAL FANS 9.32.3.5

Location	Model	L/S	Sones	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

#### SYSTEM DESIGN OPTION

1 Exhaust Only/Forced Air System \_\_\_\_\_  
 2 HRV with Exhaust Ducts/Forced Air System \_\_\_\_\_  
 3 HRV Simplified Connection to  
 Air System \_\_\_\_\_  
 4 HRV - Full Ducting/Not Coupled  
 To Forced Air System \_\_\_\_\_  
 Part 6 Design \_\_\_\_\_

### DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.

Name \_\_\_\_\_

Signature \_\_\_\_\_

HRAI # \_\_\_\_\_ Date \_\_\_\_\_