



# RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

For systems serving one dwelling unit & conforming to the Ontario Building Code, O.reg 159/93



### LOCATION OF INSTALLATION

Lot #	Plan #
Township	
Roll #	Permit #
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)
- e)  No Combustion Appliances

### HEATING SYSTEM

<input type="checkbox"/> Forced Air	<input type="checkbox"/> Non Forced Air
<input type="checkbox"/> Electric Space Heat	

### HOUSE TYPE 9.32.3.1.(2)

- I Type a) or b) appliances only, 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

### SYSTEM DESIGN OPTION

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

### TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsmt & Master Bdrm	_____ @ 10L/s	_____ L/s
Other Bedrooms	_____ @ 5 L/s	_____ L/s
Bathrooms & Kitch	_____ @ 5 L/s	_____ L/s
Other Rooms	_____ @ 5L/s	_____ L/s
<b>TOTAL</b>		_____ L/s

### PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)

Master Bedroom	_____ @ 15L/s	_____ L/s
Other Bedrooms	_____ @ 7.5 L/s	_____ L/s
<b>TOTAL</b>		_____ L/s

### PRINCIPAL EXHAUST FAN CAPACITY

Model:	Location:
_____ L/s	_____ Sones
<input type="checkbox"/> HVI	

### HEAT RECOVERY VENTILATOR

Model:	
_____ L/s High	_____ L/s Low
_____ % Sensible Efficiency @ -25°C	
<input type="checkbox"/> HVI	

### SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity	_____ L/s
Less Principal Ventilation Capacity	_____ L/s
required Supplemental Vent. Capacity	_____ L/s

### SUPPLEMENTAL FANS 9.32.3.5.

LOCATION	MODEL	L/S	SONES	HVI

### DESIGNER CERTIFICATION

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

Name
Signature
HRAI#
Date

# VENTILATION DECISION PATH (PART 9)

