

**RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY**  
for design and performance of residential ventilation systems to OBC 2012 Div. B 9.32

<b>LOCATION</b>	1. Location Township: _____ Civic Address: _____	8. TVC System <input type="checkbox"/> HRV <input type="checkbox"/> Central Exhaust <input type="checkbox"/> Multiple Fans	<b>TVC SYSTEM</b>
<b>BUILDER</b>	2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	9. Principal Exhaust Fan Capacity (PEF)  Master Bedroom _____ @ 30 CFM(15L/S) _____ Other Bedrooms _____ @ 15 CFM(7.5L/S) _____ Total _____	<b>PRINCIPAL EXH. FAN CAPACITY</b>
<b>DESIGNER</b>	3. Designer Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____ Firm BCIN: _____ Designer BCIN: _____ HRAI#: _____		<b>PRINCIPAL EXHAUST FAN</b>
<b>HEATING SYSTEM</b>	4. Heating Systems <input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other	10. Principal Exhaust Fan Fan 1 Location _____ Manufacturer _____ Model _____ <input type="checkbox"/> HVI rated Design Airflow High _____ 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) a) Direct Vent b) Induced Draft c) Natural Draft d) Solid Fuel Appliances e) No combustion appliances		11. Supplemental Exhaust Fan Capacity (SEF)  Total Ventilation Capacity _____ Less Principle Ventilation Capacity _____ Required Supplemental Ventilation Capacity _____
<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	12. Additional Equipment  Fan 2 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM  Fan 3 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____	
<b>SYSTEM DESIGN OPTION</b>	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		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: _____
<b>TOTAL VENTILATION CAPACITY (TVC)</b>	8. TVC Capacity OBC 9.32.3.3  Bsmt & Master bedroom _____ @ 20 CFM (10 L/S) _____ Other Bedrooms _____ @ 10 CFM (5 L/S) _____ Bathrooms & Kitchen _____ @ 10 CFM (5 L/S) _____ Other Habitable Rooms _____ @ 10 CFM (5 L/S) _____ Total Ventilation Capacity (TVC) _____		

Conversion Note: 1 L/S = 2 CFM (For a hard conversion, use 1 L/S = 20118 CFM)