RESET

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to OBC 2012 - 9.32

1. Location

Municipality: ____________

Civic Address: ____________

2. Builder

Name: ____________

Address: ____________

City: ____________ Postal Code: ____________

Ph: ____________ Fax: ____________

3. Designer

Name: ____________

Address: ____________

City: ____________ Postal Code: ____________

Ph: ____________ Fax: ____________

Designer BCIN: ____________ HRAI #: ____________

Firm BCIN: ____________

E-mail: ____________

4. Heating Systems

☐ Forced Air ☐ Non-Forced Air

☐ Gas ☐ Propane ☐ Other

☐ Oil ☐ Electricity

5. House Style

☐ One Dwelling Unit ☐ House with Two Dwelling Units

Ventilation System: ☐ Shared ☐ Dedicated

6. Combustion Appliances

☐ a) Direct Vent ☐ b) Induced Draft

☐ c) Natural Draft ☐ d) Solid Fuel Appliances

☐ e) No Combustion Appliances

7. Type of House

☐ 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 (same as Type 1)

8. System Design Option

☐ Exhaust only forced air system (coupled to forced air)

☐ HRV/ERV with extended exhaust or simplified (coupled to forced air)

☐ HRV/ERV full ducting (not coupled to forced air)

9. Total Ventilation Capacity (TVC)

Bsmt & Master Bedroom	____	@ 20 CFM (10 L/s)	____	CFM
Other Bedrooms	____	@ 10 CFM (5 L/s)	____	CFM
Bathrooms & Kitchen	____	@ 10 CFM (5 L/s)	____	CFM
Other Habitable Rooms	____	@ 10 CFM (5 L/s)	____	CFM
		Total Ventilation Capacity (TVC)	____	CFM

10. TVC System

☐ HRV/ERV ☐ Central Exhaust ☐ Multiple Fans

11. Principal Ventilation Capacity (PVC)

Master Bedroom	____	@ 30 CFM (15 L/s)	____	CFM
Other Bedrooms	____	@ 15 CFM (7.5 L/s)	____	CFM
		Total Principal Ventilation Capacity (PVC)	____	CFM

12. Principal Ventilation Fan

Location: ____________

Manufacturer: ____________

Model: ____________ ☐ HVI Rated

Rated Airflow: Low: ______ CFM High: ______ CFM

Sones: ______ E.S.P: ______ " w.c.

______ % Sensible Efficiency @ 0 C° ______ CFM

______ % Sensible Efficiency @ -25 C° ______ CFM

(If HRV/ERV was used, the system must also comply with SB-12)

13. Supplemental Exhaust Fan Capacity (SEF)

Required Total Ventilation Capacity ______ CFM

Rated Principal Ventilation Capacity ______ CFM

Required Supplemental Ventilation Capacity ______ CFM

14. Additional Equipment

Location: ____________ Sones: ______

Manufacturer: ____________ ☐ HVI Rated

Model: ____________ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

Location: ____________ Sones: ______

Manufacturer: ____________ ☐ HVI Rated

Model: ____________ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

Location: ____________ Sones: ______

Manufacturer: ____________ ☐ HVI Rated

Model: ____________ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

Location: ____________ Sones: ______

Manufacturer: ____________ ☐ HVI Rated

Model: ____________ ☐ TVC

Rated Airflow: ______ CFM ESP: ______ " w.c.

15. Designer Consent

I ____________________ certify this ventilation system is designed to be in accordance with OBC-2012 9.32

Date: ____________ Signature: ____________

Conversion note: 1 L/s = 2 CFM (For hard conversion, use 1 L/s = 2.118 CFM)