

RESIDENTIAL MECHANICAL VENTILATION RECORD

For Certification of Design and Performance of Residential Ventilation Systems

W2

A	ADDRESS	Municipality: _____ Civic Address: _____	HRV/ERV Central In-line Fan Bath Fan	H																																
B	BUILDER	Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____	Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ High: _____ CFM ESP: _____ "w.c. Low: _____ CFM Sones: _____	TVC SYSTEM																																
C	DESIGNER	Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____ E-mail: _____ HRAI #: _____	For HRV/ERV: _____ % SRE @ 0 °C @ _____ CFM _____ % SRE @ -25 °C @ _____ CFM																																	
D	HEATING SYSTEM/ COMBUSTION APPLIANCES	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Forced Air</td> <td style="width: 25%;">Non Forced air</td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> <tr> <td>Electric</td> <td>Gas</td> <td>Oil</td> <td>Other</td> </tr> <tr> <td colspan="2">No Combustion Appliances</td> <td colspan="2"><i>No Dep limit</i></td> </tr> <tr> <td colspan="2">Solid Fuel (including Fireplaces)</td> <td colspan="2"><i>5 Pa Dep limit</i></td> </tr> <tr> <td colspan="2">Direct Vent (sealed combustion)</td> <td colspan="2"><i>No Dep Limit</i></td> </tr> <tr> <td colspan="2">Induced Draft/Power Vent</td> <td colspan="2"><i>Pa Dep limit</i></td> </tr> <tr> <td colspan="2">Natural Draft or B-Vented</td> <td colspan="2"><i>5 Pa Dep limit</i></td> </tr> <tr> <td colspan="2">Lowest Depressurization Limit</td> <td colspan="2">_____ Pa.</td> </tr> </table>	Forced Air	Non Forced air			Electric	Gas	Oil	Other	No Combustion Appliances		<i>No Dep limit</i>		Solid Fuel (including Fireplaces)		<i>5 Pa Dep limit</i>		Direct Vent (sealed combustion)		<i>No Dep Limit</i>		Induced Draft/Power Vent		<i>Pa Dep limit</i>		Natural Draft or B-Vented		<i>5 Pa Dep limit</i>		Lowest Depressurization Limit		_____ Pa.		Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. TVC Exhaust Makeup Air Recirc	I
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E	CEC EQUIPMENT	Clothes Dryer(s) (150 cfm default) Downdraft Cook Top (220 cfm default) Other (exhaust) (over 150 cfm) Depressurization test required? See W-3C worksheet	Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. TVC Exhaust Makeup Air Recirc	ADDITIONAL EQUIPMENT																																
F	TOTAL VENTILATION CAPACITY (TVC)	Bsmt & Master Bedroom @ 20 cfm _____ cfm Other Bedrooms @ 10 cfm _____ cfm Bathrooms & Kitchens @ 10 cfm _____ cfm Other Hab. Rooms @ 10 cfm _____ cfm Total Ventilation Capacity (TVC) _____ cfm Depressurization test required? See W-3A or W-3B	Location: _____ Manufacturer: _____ Model: _____ HVI Rated Design Airflow: _____ CFM ESP: _____ "w.c. TVC Exhaust Makeup Air Recirc	ADDITIONAL EQUIPMENT																																
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Conversion note: 1 L/s = 2 CFM (For hard conversion, use 1 L/s = 2.118 CFM)

