

RESIDENTIAL MECHANICAL VENTILATION RECORD (PART 9)

For internal use only

Date received _____

Application number _____

Address _____

Single family dwelling

Two unit dwelling

Multi unit dwelling

VENTILATION CONTRACTOR

Company name _____

Telephone number _____

Name of the ventilation contractor _____

Email _____

HEATING SYSTEMS AND APPLIANCES

Forced air

Non forced air

Ductless heat pump (mini split)

Electric

Gas

Solid fuel (including fireplace)

Other (please specify): _____

DESIGN OPTIONS

HRV not coupled to a forced air heating system (stand alone)

HRV coupled to a forced air heating system

Other (please specify): _____

EXHAUST EQUIPMENT

Down draft cook top _____ cfm

Other (please specify): _____ cfm

Total: _____ cfm

TOTAL VENTILATION CAPACITY

Unfinished basement _____ at 20 cfm _____ cfm

Master bedroom _____ at 20 cfm _____ cfm

Other bedrooms _____ at 10 cfm _____ cfm

Bathrooms and kitchen _____ at 10 cfm _____ cfm

Other habitable rooms _____ at 10 cfm _____ cfm

Total: _____ cfm

ADDITIONAL EXHAUST

Kitchen _____ at _____ cfm _____ cfm

Bathrooms _____ at _____ cfm _____ cfm

Other _____ at _____ cfm _____ cfm

Total: _____ cfm

TOTAL VENTILATION CAPACITY

Manufacturer / Model: _____

Design airflow: _____ cfm high _____ cfm low

Supply airflow measured: _____ cfm high _____ cfm low

Exhaust airflow measured: _____ cfm high _____ cfm low

SYSTEM CERTIFICATION

I certify that this ventilation system is designed, installed and balanced in accordance with:

CSA F326

NBC

Certification type and number: _____

Ventilation contractor print name _____

Ventilation contractor signature _____

Date _____