

RESIDENTIAL MECHANICAL VENTILATION RECORD for certification of design and performance of residential ventilation systems				W-2
A HEATING SYSTEM COMBUSTION APPLIANCES	<input type="checkbox"/> Forced air <input type="checkbox"/> Non forced air		Roll #: _____	Permit #: _____
	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other		Lot & Plan #: _____	Township: _____
	<input type="checkbox"/> No combustion appliances no depressurization limit		Civic address: _____	
	<input type="checkbox"/> Solid fuel (including fireplaces) 5 pa depress limit		Name: _____ R2000 ID #: _____	
	<input type="checkbox"/> Direct vent (sealed combustion) only no depress limit		Address: _____	
	<input type="checkbox"/> Induced draft _____ pa depress limit		City: _____ Postal code: _____	
B EXHAUST EQUIPMENT	<input type="checkbox"/> Natural draft or B-vent 5 pa depressurization limit		Phone: _____ Fax: _____	
	<input type="checkbox"/> Clothes dryer 150 cfm (default)		Name: _____ HRAI #: _____	
	<input type="checkbox"/> Down draft cook top 220 cfm (default)		Address: _____	
	<input type="checkbox"/> Other: (over 150 cfm)		City: _____ Postal code: _____	
C TOTAL VENTILATION CAPACITY (TVC)	Depressurization test / calculation required? <input type="checkbox"/> yes <input type="checkbox"/> no		Phone: _____ Fax: _____	
	Bsmt & Master bdrm _____ @ 20 cfm _____ cfm		I certify this ventilation system design to be in accordance with:	
	Other bedrooms _____ @ 10 cfm _____ cfm		<input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000	
	Bathrooms & Kitchen _____ @ 10 cfm _____ cfm		<input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '06 (9.32)	
	Other habitable rooms _____ @ 10 cfm _____ cfm		Signature: _____ Date: _____	
	TOTAL VENTILATION CAPACITY (TVC) _____ cfm		<input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating and clean	
D EXHAUST CAPACITY CONTINUOUS	Kitchens _____ @ 60 cfm _____ cfm		<input type="checkbox"/> Filters clean <input type="checkbox"/> Flow measuring stations	
	Bathrooms _____ @ 20 cfm _____ cfm		<input type="checkbox"/> Dampers accessible <input type="checkbox"/> Insulated duct sealed	
	TOTAL _____ cfm		<input type="checkbox"/> Drain loop & connection	
	Kitchens _____ @ 100 cfm _____ cfm		<input type="checkbox"/> Distribution to all habitable rooms	
	Bathrooms _____ @ 50 cfm _____ cfm		<input type="checkbox"/> Forced air system <input type="checkbox"/> continuous mode <input type="checkbox"/> interlocked	
	TOTAL _____ cfm		<input type="checkbox"/> Kitchen intake grease filter <input type="checkbox"/> Kitchen exhaust 40" to range	
E TVC SYSTEM	Location: _____		<input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade	
	Manufacturer / Model: _____ <input type="checkbox"/> HVI		<input type="checkbox"/> Supply intake 6' from exhaust (recommended)	
	Design airflow: _____ cfm high _____ cfm low		<input type="checkbox"/> Supply intake 3' from other exhaust	
	_____ % sensible efficiency @ 0 °C _____ watts		TVC system supply airflow measured:	
	_____ % sensible efficiency @ -25 °C _____ watts		_____ cfm high _____ cfm low (_____ % TVC)	
			TVC system exhaust airflow measured:	
F ADDITIONAL EQUIPMENT	1 Location: _____ cfm _____ sones		_____ cfm high _____ cfm low (_____ % TVC)	
	Manufacturer / Model: _____ <input type="checkbox"/> TVC <input type="checkbox"/> HVI		Name: _____ HRAI #: _____	
	2 Location: _____ cfm _____ sones		Address: _____	
	Manufacturer / Model: _____ <input type="checkbox"/> TVC <input type="checkbox"/> HVI		City: _____ Postal Code: _____	
	3 Location: _____ cfm _____ sones		Phone: _____ Fax: _____	
	Manufacturer / Model: _____ <input type="checkbox"/> TVC <input type="checkbox"/> HVI		I certify this ventilation system design to be in accordance with:	
	4 Location: _____ cfm _____ sones		<input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000	
	Manufacturer / Model: _____ <input type="checkbox"/> TVC <input type="checkbox"/> HVI		<input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '06 (9.32)	
			Signature: _____ Date: _____	



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Residential Ventilation

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