



# MECHANICAL VENTILATION RECORD

## RESIDENTIAL

Form: 29

Permit Number: \_\_\_\_\_

Project Address: \_\_\_\_\_

Permit Applicant Name: \_\_\_\_\_

Type of Building:  Single Unit Dwelling  Two Unit Dwelling  Multi Unit Dwelling

### Ventilation Contractor

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

### Ventilation System Option

- HRV not coupled to a forced air heating system (stand alone)  
 HRV coupled to a forced air heating system  
 Outdoor air supply duct coupled to a forced air system and principal/supplemental fan  
 Auxiliary supply fan system not coupled to a forced air heating system and principal/supplemental exhaust fan

### Ventilation Capacity Rate (minimum)

Room or Space	Number	Air Change Rate	Ventilation Capacity	Conversion Rate: 1 L/s = 2.118 cfm
Master Bedroom		@ 10 L/s =	L/s	
Other Bedrooms		@ 5 L/s =	L/s	
Bathrooms and Kitchen		@ 5 L/s =	L/s	
Living and Dining rooms		@ 5 L/s =	L/s	
Laundry room		@ 5 L/s =	L/s	
Other Rooms		@ 5 L/s =	L/s	
Unfinished Basement		@ 10 L/s =	L/s	
Minimum Total Ventilation Capacity (TVC) =			L/s	

### Total Ventilation Capacity System

Manufacturer/Model: \_\_\_\_\_  HVI rated

Design Airflow: \_\_\_\_\_ L/s High \_\_\_\_\_ L/s Low

Supply Airflow Measured: \_\_\_\_\_ L/s High \_\_\_\_\_ L/s Low

Exhaust Airflow Measured: \_\_\_\_\_ L/s High \_\_\_\_\_ L/s Low

### Heating Systems and Appliances

- Forced Air  Non Forced Air  Ductless Heat Pump  
 Electric  Gas  Oil  Other, specify: \_\_\_\_\_  
 Non-combustion Appliance (Includes Direct Vent Sealed Combustion), specify: \_\_\_\_\_  
 Combustion Appliance, specify: \_\_\_\_\_  
 Other Exhaust (over 70 L/s), specify: \_\_\_\_\_

### Additional Exhaust

Bathroom fan: \_\_\_\_\_ @ \_\_\_\_\_ L/s = \_\_\_\_\_ L/s

Kitchen Range Hood: \_\_\_\_\_ @ \_\_\_\_\_ L/s = \_\_\_\_\_ L/s

### Additional Supply if Required (Protection Against Depressurization)

Location: \_\_\_\_\_ : \_\_\_\_\_ @ \_\_\_\_\_ L/s = \_\_\_\_\_ L/s

### System Certification

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

CSA F326  2015 NBC Certification Type and Number (if applicable): \_\_\_\_\_

Ventilation Contractor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Any additional appliances that could alter the performance of the ventilation system shall be included on this ventilation record.

Permit Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_