

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to OBC 2012 Div. B 9.32

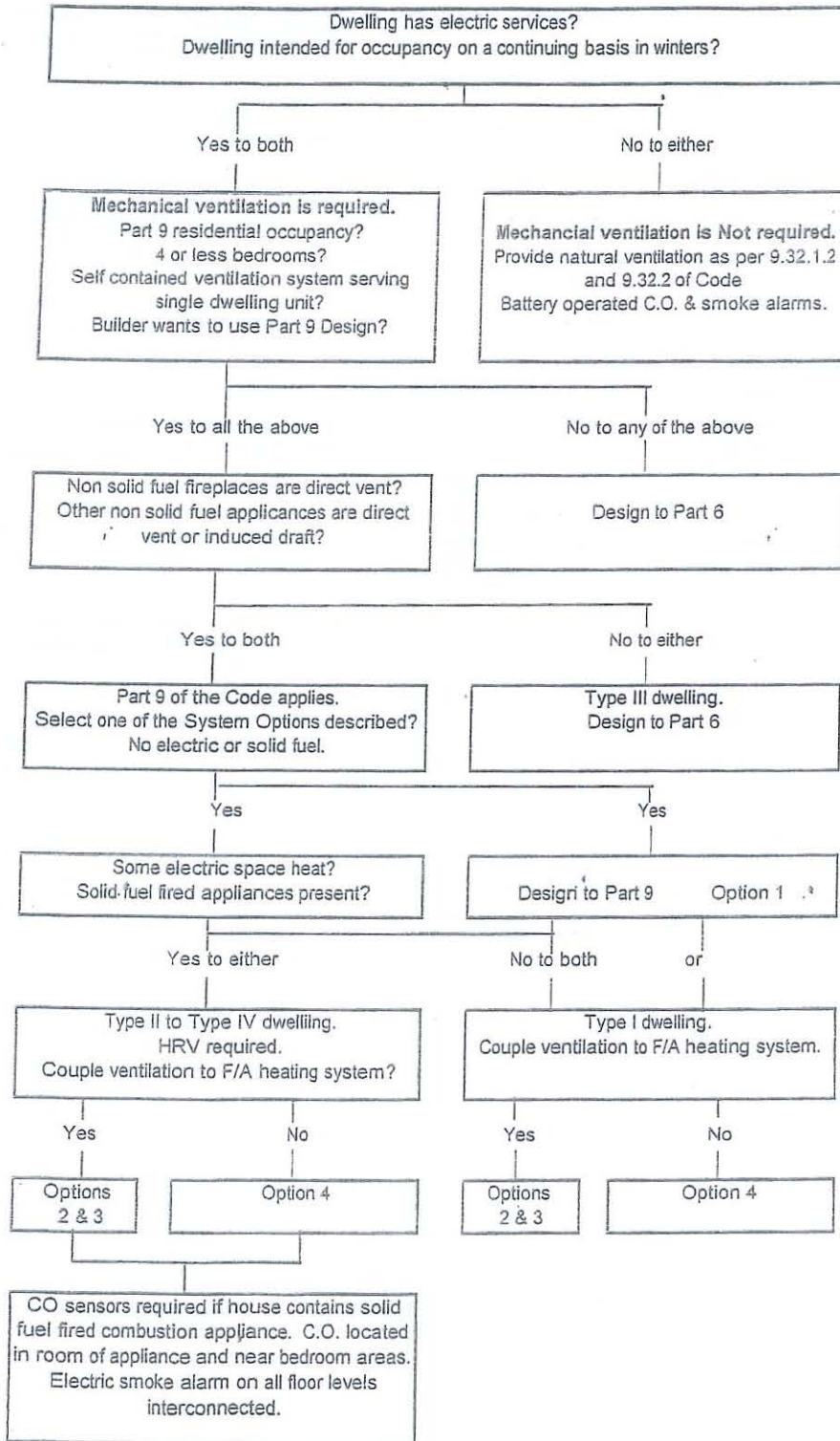
RESET

LOCATION	1. Location Township: _____ Civic Address: _____	8. TVC System <input type="checkbox"/> HRV <input type="checkbox"/> Central Exhaust <input type="checkbox"/> Multiple Fans	TVC SYSTEM
	2. Builder Name: _____ Address: _____ City: _____ Postal Code: _____ Ph: _____ Fax: _____		
DESIGNER	3. Designer Name: _____ Address: _____ Postal Code: _____ City: _____ Ph: _____ Fax: _____ Firm BCIN: _____ Designer BCIN: _____ HRAI#: _____	10. Principal Exhaust Fan Fan 1 Location _____ Manufacturer _____ Model _____ <input type="checkbox"/> HVI rated Design Airflow High _____ CFM Low _____ CFM Sones _____ If Using HRV/ERV: _____ % Sensible Efficiency @ 0°C _____ watts _____ % Sensible Efficiency @ -25°C _____ watts	PRINCIPAL EXHAUST FAN
	4. Heating Systems <input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Other		
HEATING SYSTEM	5. Combustion Appliances 9.32.3.1.(1) <input type="checkbox"/> a) Direct Vent <input type="checkbox"/> b) Induced Draft <input type="checkbox"/> c) Natural Draft <input type="checkbox"/> d) Solid Fuel Appliances <input type="checkbox"/> e) No combustion appliances	12. Additional Equipment Fan 2 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM Fan 3 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM Fan 4 Location _____ Sones _____ Manufacturer/Model _____ <input type="checkbox"/> TVC Design airflow _____ CFM	ADDITIONAL EXHAUST EQUIPMENT
	6. Type of House 9.32.3.1.(2) <input type="checkbox"/> Type 1 a) or b) type appliances only <input type="checkbox"/> Type 2 a) or b) type appliances with a d) type appliance <input type="checkbox"/> Type 3 any type c) appliance = part 6 design <input type="checkbox"/> Type 4 electric space heat		
HEATING SYSTEM COMBUSTION APPLIANCES	7. System Design Option <input type="checkbox"/> Exhaust only forced air system/coupled <input type="checkbox"/> HRV with extended exhaust or simplified coupled <input type="checkbox"/> HRV full ducting/not coupled to forced air <input type="checkbox"/> Part 6 design		
	HOUSE TYPE	8. TVC Capacity OBC 9.32.3.3 Bsmt & Master bedroom @ 21.2 CFM (10 L/S) _____ CFM Other Bedrooms @ 10.6 CFM (5 L/S) _____ CFM Bathrooms & Kitchen @ 10.6 CFM (5 L/S) _____ CFM Other Habitable Rooms @ 10.6 CFM (5 L/S) _____ CFM Total Ventilation Capacity (TVC) _____ CFM	
TOTAL VENTILATION CAPACITY (TVC)			

Conversion Note: 1 L/S = 2.118 CFM



VENTILATION SYSTEM DECISION TREE



House Types

Type I
Only direct vented or mechanically induced draft fuel-fire combustion appliances; no solid fuel fire combustion appliances; only direct vented fuel fired fireplaces; no electric space heat.

Type II
Type I houses which contain solid fuel fired combustion appliances.

Type III
All houses containing natural draft non solid fuel fired combustion appliances or mechanically vented induced draft non solid fuel fired fireplaces.

Type IV
All houses that contain electric space heating except Type III houses.

Options

Option 1
Exhaust only ventilation.
(Rated fans, 0.3 air exchange/hr.)
(Make-up air Saskatoon loop.)

Option 2
HRV coupled to a forced air heating system. Extended exhaust ductwork.

Option 3
HRV coupled to a forced air heating system. Simplified exhaust ductwork.

Option 4
HRV not coupled to a forced air heating system.