RESET

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

for design and performance of residential ventilation systems to OBC 2024 - 9.32

1. Location

Municipality: ____________

Civic Address: ____________

2. Builder

Name: ____________

Address: ____________

City: ____________ Postal Code: ____________

Ph: ____________ Fax: ____________

3. Designer

Name: ____________

Address: ____________

City: ____________ Postal Code: ____________

Ph: ____________ Fax: ____________

HRAI #: ____________

E-mail: ____________

4. Combustion Appliances

☐ a) Direct Vent ☐ b) Induced Draft

☐ c) Natural Draft ☐ d) Solid Fuel Appliances

☐ e) No Combustion Appliances ☐ CO Alarm Required

5. Heating System

☐ Forced Air ☐ Non-Forced Air

☐ Gas ☐ Propane ☐ Other

☐ Oil ☐ Electricity

6. Distribution System

☐ Furnace ☐ Inline fan ☐ HRV/ERV

7. Principal Ventilation System Design Option

☐ Exhaust only forced air distribution system

(Circ. fan at least 5 times the capacity of the principal exhaust)

☐ Balanced no heat recovery

☐ HRV/ERV with extended exhaust

☐ HRV/ERV with simplified exhaust

☐ HRV/ERV with full ducting/not coupled to forced air

☐ HRV/ERV with no supplemental fans

(High speed must be at least 2.5 times the principal exhaust)

☐ Supplemental fans

8. Principal Ventilation Capacity (PVC)

# of Bedrooms: ____ Required Exh Airflow: ____ CFM

Supply Air Required: ☐ Yes ☐ No

Mixed Air Temperature Calculation Required:

☐ Yes ☐ No

For a System coupled with a Forced Air Furnace:

Furnace Blower Rate: ____________ CFM

Max Allowable Outdoor Airflow as per NBC 9.32.3.4.(2):

____________ CFM

9. Principal Ventilation Fan

☐ HRV/ERV ☐ Central Inline Fan ☐ Bathroom Fan

Location: ____________

Manufacturer: ____________

Model: ____________ ☐ HVI Rated

Design Airflow: Low: ______ CFM High: ______ CFM

Sones: ______ ESP: ______ " w.c.

______ % Sensible Efficiency @ 0 ºC @ ______ CFM

______ % Sensible Efficiency @ -25 ºC @ ______ CFM

(If HRV/ERV is used, the system must also comply with SB-12)

10. Other Ventilation Fans

Location: ____________ Sones: ______

Manufacturer: ____________

Model: ____________ ☐ HVI Rated

Design Airflow: ______ CFM ESP: ______ "w.c.

☐ Supplemental Fan ☐ Supply Fan for Principal Exhaust

☐ Circulation Fan ☐ Make-up Air Fan for ______

Location: ____________ Sones: ______

Manufacturer: ____________

Model: ____________ ☐ HVI Rated

Design Airflow: ______ CFM ESP: ______ "w.c.

☐ Supplemental Fan ☐ Supply Fan for Principal Exhaust

☐ Circulation Fan ☐ Make-up Air Fan for ______

Location: ____________ Sones: ______

Manufacturer: ____________

Model: ____________ ☐ HVI Rated

Design Airflow: ______ CFM ESP: ______ "w.c.

☐ Supplemental Fan ☐ Supply Fan for Principal Exhaust

☐ Circulation Fan ☐ Make-up Air Fan for ______

Location: ____________ Sones: ______

Manufacturer: ____________

Model: ____________ ☐ HVI Rated

Design Airflow: ______ CFM ESP: ______ "w.c.

☐ Supplemental Fan ☐ Supply Fan for Principal Exhaust

☐ Circulation Fan ☐ Make-up Air Fan for ______

11. Designer Consent

I ____________ certify this ventilation system is designed to be in accordance with OBC-2024 9.32

Date: ____________ Signature: ____________

Conversion note: 1 L/s = 2 CFM (For hard conversion, use 1 L/s = 2.118 CFM)

Note: Secondary suite ventilation system requires a separate design

