RESIDENTIAL MECHANICAL VENTILATION RECORD

For Certification of Design and Performance of Residential Ventilation Systems

W2

A — ADDRESS

Municipality: ______

Civic Address: ______

B — BUILDER

Name: ______

Address: ______

City: ______ Postal Code: ______

Ph: ______ Fax: ______

C — DESIGNER

Name: ______

Address: ______

City: ______ Postal Code: ______

Ph: ______ Fax: ______

E-mail: ______

HRAI #: ______

D — HEATING SYSTEM/ COMBUSTION APPLIANCES

☐ Forced Air ☐ Non Forced air

☐ Electric ☐ Gas ☐ Oil ☐ Other

☐ No Combustion Appliances — *No Dep limit*

☐ Solid Fuel (including Fireplaces) — *5 Pa Dep limit*

☐ Direct Vent (sealed combustion) — *No Dep Limit*

☐ Induced Draft/Power Vent — ______ *Pa Dep limit*

☐ Natural Draft or B-Vented — *5 Pa Dep limit*

Lowest Depressurization Limit ______ Pa.

E — CEC EQUIPMENT

☐ Clothes Dryer(s) (150 cfm default)

☐ Downdraft Cook Top (220 cfm default)

☐ Other (exhaust) (over 150 cfm)

Depressurization test required? See W-3C worksheet

F — TOTAL VENTILATION CAPACITY (TVC)

Bsmt & Master Bedroom	______	@ 20 cfm	______	cfm
Other Bedrooms	______	@ 10 cfm	______	cfm
Bathrooms & Kitchens	______	@ 10 cfm	______	cfm
Other Hab. Rooms	______	@ 10 cfm	______	cfm
Total Ventilation Capacity (TVC)			______	cfm

Depressurization test required? See W-3A or W-3B

G — EXHAUST CAPACITY

Continuous — Minimum Continuous Exhaust

Kitchen(s)	______	@ 60 cfm	=	______	cfm
Bathroom(s)	______	@ 20 cfm	=	______	cfm
		Total		______	cfm

Intermittent — Minimum Intermittent Exhaust

Kitchen(s)	______	@ 100 cfm	=	______	cfm
Bathroom(s)	______	@ 50 cfm	=	______	cfm
		Total		______	cfm

H — TVC SYSTEM

☐ HRV/ERV ☐ Central In-line Fan ☐ Bath Fan

Location: ______

Manufacturer: ______

Model: ______ ☐ HVI Rated

Design Airflow:

High: ______ CFM ESP: ______ "w.c

Low: ______ CFM Sones: ______

For HRV/ERV:

______ % SRE @ 0 ºC @ ______ CFM

______ % SRE @ -25 ºC @ ______ CFM

I — ADDITIONAL EQUIPMENT

Location: ______

Manufacturer: ______

Model: ______ ☐ HVI Rated

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

☐ TVC ☐ Exhaust ☐ Make-up Air ☐ Recirc

Location: ______

Manufacturer: ______

Model: ______ ☐ HVI Rated

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

☐ TVC ☐ Exhaust ☐ Make-up Air ☐ Recirc

Location: ______

Manufacturer: ______

Model: ______ ☐ HVI Rated

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

☐ TVC ☐ Exhaust ☐ Make-up Air ☐ Recirc

Location: ______

Manufacturer: ______

Model: ______ ☐ HVI Rated

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

☐ TVC ☐ Exhaust ☐ Make-up Air ☐ Recirc

J — DESIGNER CONSENT

I, ______ certify this ventilation system design to be in accordance with CSA F326:

Date: ______ Signature: ______

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