

RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

LOCATION OF INSTALLATION

Lot # _____ Plan # _____
Township _____
Roll # _____
Address _____

BUILDER

Name _____
Address _____
City _____
Tel _____ Fax _____

INSTALLING CONTRACTOR

Name _____
Address _____
City _____
Tel _____ Fax _____

COMBUSTION APPLIANCES
9.32.3.1(1)

- a) Direct vent (sealed combustion only) _____
- b) Positive venting induced draft _____
(except fireplaces)
- c) Natural draft, B-Vent or
Induced draft fireplace _____
- d) Solid fuel (including fireplaces) _____

HEATING SYSTEM

Forced Air _____
Non Forced Air _____
Electric Space Heat _____

HOUSE TYPE 9.32.3.2.(2)

- I Type a) or b) appliances, no solid fuel _____
- II Type I except with solid fuel
(including fireplace) _____
- III Any Type c) appliance _____
- IV Type I, or II with electric space heat _____
- OTHER: Type I, II, or IV no forced air _____

TOTAL VENTILATION CAPACITY 9.32.3.3.(1)

Bsmt & Master Bdrm _____ @ 10 L/S _____ L/S
Other Bedrooms _____ @ 5 L/S _____ L/S
Bathrooms & Kitchen _____ @ 5L/S _____ L/S
Other Rooms _____ @ 5L/S _____ L/S
TOTAL _____ L/S

PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)

Master Bedroom _____ @ 15 L/S _____ L/S
Other Bedrooms _____ @ 7.5 L/S _____ L/S
TOTAL _____ L/S

PRINCIPAL EXHAUST FAN CAPACITY

Model: _____ Location _____
_____ L/S _____ Sones _____ HVI

HEAT RECOVERY VENTILATOR

Model: _____
_____ L/S High _____ L/S Low
_____ % Sensible Efficiency @ - 25C _____ HVI

SUPPLEMENTAL VENTILATION CAPACITY

Total Ventilation Capacity _____ L/S
Less Principal Vent. Capacity _____ L/S
Required Supplemental Vent. Cap _____ L/S

SUPPLEMENTAL FANS 9.32.3.5

Location	Model	L/S	Sones	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SYSTEM DESIGN OPTION

- 1 Exhaust Only/Forced Air System _____
- 2 HRV with Exhaust Ducts/Forced Air System _____
- 3 HRV Simplified Connection to
Air System _____
- 4 HRV – Full Ducting/Not Coupled
To Forced Air System _____
Part 6 Design _____

DESIGNER CERTIFICATION

I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.

Name _____

Signature _____

HRAI # _____ Date _____

VENTILATION SYSTEM DECISION TREE

Dwelling has electric service?
Dwelling intended for occupancy on a continuing basis in winter?

Yes to both

No to either

Mechanical Ventilation is Required
Part 9 Residential occupancy?
4 or less bedrooms?
Self contained ventilation system serving single
dwelling unit?
Builder wants to use Part 9 Design?

Mechanical Ventilation is not
Required
Provide Natural Ventilation as per
9.32.1.2 and 9.32.2 of Code.

Yes to All Above

No to Any of Above

Non solid fuel fireplaces are direct vent?
Other non solid fuel appliances are direct
vent or induced draft?

Design to Part 6

Yes to Both

No to Either

Part 9 of the Code applies
Select one of the System Options described?

Type III dwelling
Design to Part 6

Yes

No

Some electric space heat?
Solid fuel fired appliances present?

Design to Part 9

Yes to Either

No to Both

Type II or Type IV dwelling
HRV required
Couple ventilation to F/A heating system?

Type I dwelling.
Couple ventilation to FF/A system?

Yes

No

Yes

No

Options 2 and 3

Option 4

Options 1, 2, 3

Option 4

CO sensors required
If house contains solid fuel-fired
combustion appliance

HOUSE TYPES

Type 1

Only direct vented or mechanically induced draft fuel-fired combustion appliance: no solid fuel-fired 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.

OPTIONS

OPTION 1

Exhaust only ventilation

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.