

Residential Ventilation Installation Data

CSA Standard CAN/CSA-F326
(See Clause 8.15)

Date:	Permit Number:
Subject Property Address:	

Company Information

Name:	
Address:	
City:	Postal Code:
Phone Number:	Email Address:

1.0 Ventilation Characteristics

1.1	Volume of habitable space including basement					_____ m ³ (A)
1.2	Required ventilation					
	Either: - Master bedroom					_____ 10 L/s
	- Other bedrooms, Kitchen, dining room _____ rms at 5 L/s					_____
	Family, recreation room					_____
	- Basement – at 10 L/s and/or					_____ L/s
	_____ rooms at 5 L/s					_____ L/s
					Total:	_____ L/s (B)
	Or: Habitable space: (A) / 12					_____ L/s (C)
	Note: Letters in brackets refer to values in the right-hand column.					
1.3	Designed ventilation rate					_____ L/s
1.4	Actual measurement of total house ventilation capacity:			Outdoor air supply		_____ L/s (D)
				Exhaust		_____ L/s (E)
	Method used for airflow measurement: _____					

2.0 Ventilation Check

2.1	To comply with the Standard, Item (D) or (E) should be equal to or greater than the larger of Item (B) or (C).	<input type="checkbox"/>
2.2	If the system includes a heat recovery ventilator, the lesser of item (D) or (E) shall be 90% or more of the greater of Item (D) or (E), or shall comply with the value recommended by the manufacturer	<input type="checkbox"/>
2.3	Air supply and/or exhaust from all rooms	<input type="checkbox"/>
2.4	Air exhaust from kitchen and bathrooms directly to outside operating	<input type="checkbox"/>
2.5	Controls operating and adjustable for all modes of operation	<input type="checkbox"/>
2.6	Noise and vibration within reasonable limits	<input type="checkbox"/>
2.7	Supply air inlet(s) located to minimize possibility of admitting contaminated air	<input type="checkbox"/>

3.0 Pressure Check

3.1	Depressurization	
	Classification of combustion system (if installed):	
	5 Pa (e.g. open fireplace, standard gas DHW)	<input type="checkbox"/>
	Or _____ Pa manufacturer's rated listing	
	If ventilation system is balanced, go to Clause 3.3	<input type="checkbox"/>
	If not balanced, go to next section.	<input type="checkbox"/>
3.2	With ventilation system operating:	
	Compliance with depressurization limit determined by (check one):	
	i) Design	<input type="checkbox"/>
	Or ii) Test	<input type="checkbox"/>
3.3	With ventilation system operating plus dryer plus one exhaust fan:	
	Compliance with depressurization limit determined by (check one):	
	i) Design	<input type="checkbox"/>
	Or ii) Test	<input type="checkbox"/>
3.4	Make up air not required	<input type="checkbox"/>
	Or required, properly sized and installed	<input type="checkbox"/>

3.5 Pressurization

3.5.1	Allowable Excess of Outdoor Air Intake	
	(a) Inter or surface area of dwelling unit	_____ m ² (F)
	(b) Maximum allowable excess of outdoor air intake: (F) x 0.12	_____ L/s (G)
	(c) Actual excess of outdoor air intake: (D) – (E)	_____ L/s (H)
	(d) System complies with allowable excess of outdoor air intake: (H) is not greater than (G)	_____
3.5.2	Pressure increase	
	System does not pressurize house beyond 10 Pa	<input type="checkbox"/>
	And/or beyond specified limit of vented combustion appliance	<input type="checkbox"/>
	Compliance with pressurization limits determined by (check one):	
	i) Design	<input type="checkbox"/>
	Or ii) Test	<input type="checkbox"/>
3.6	Relief air not required	<input type="checkbox"/>
	Or required, properly sized and installed	<input type="checkbox"/>

Installation Contractor Certification

I hereby certify that this ventilation system was installed in accordance with CSA Standard CAN/CSA-F326, *Residential Mechanical Ventilation Systems*.

Date: _____ Contractor Signature: _____