

Residential Ventilation Record

For certification of design and performance of residential ventilation systems

If the total number of bedrooms in a dwelling exceeds five, heating season ventilation may be designed to meet the CAN/CSA F326-M standard, and must also meet Manitoba Building Code requirements.

Please complete and submit this form as part of your application package.

Date:	Subject property address:
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Builder

Name:	
Address:	
City:	Postal code:
Phone number:	Email address:

Designer

Name:	
Address:	
City:	Postal code:
Phone number:	Email address:

Heating system / combustion appliances

<input type="checkbox"/> Forced air	<input type="checkbox"/> Electric	<input type="checkbox"/> No combustion appliances	No dep limit
<input type="checkbox"/> Non-forced air	<input type="checkbox"/> Gas	<input type="checkbox"/> Solid fuel (including fireplaces)	5 Pa dep limit
	<input type="checkbox"/> Oil	<input type="checkbox"/> Direct vent (sealed combustion)	No dep limit
	<input type="checkbox"/> Other	<input type="checkbox"/> Induced draft/power vent	_____ Pa dep limit
		<input type="checkbox"/> Natural draft or B-vented	5 Pa dep limit
Lowest depressurization limit:			_____ Pa

CEC equipment

<input type="checkbox"/> Clothes dryer(s)	(150 cfm default)
<input type="checkbox"/> Downdraft cook top	(220 cfm default)
<input type="checkbox"/> Other (exhaust)	(over 150 cfm)
Depressurization test required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Total ventilation capacity (TVC)

Basement and master bedroom	_____ @ 20 cfm	_____ cfm
Other bedrooms	_____ @ 10 cfm	_____ cfm
Bathrooms and kitchens	_____ @ 10 cfm	_____ cfm
Other hab. rooms	_____ @ 10 cfm	_____ cfm
Total ventilation capacity (TVC):		_____ cfm
Depressurization test required? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Exhaust capacity

Minimum Continuous Exhaust	
Kitchen(s)	_____ @ 60 cfm = _____ cfm
Bathroom(s)	_____ @ 20 cfm = _____ cfm
Total: _____ cfm	

Minimum Intermittent Exhaust	
Kitchen(s)	_____ @ 100 cfm = _____ cfm
Bathroom(s)	_____ @ 50 cfm = _____ cfm
Total: _____ cfm	

TVC system

<input type="checkbox"/> HRV/ERV <input type="checkbox"/> Central in-line fan <input type="checkbox"/> Bath fan	
Location:	
Manufacturer:	
Model:	<input type="checkbox"/> HVI rated
Design airflow:	High: _____ CFM ESP: _____ "w.c.
	Low: _____ CFM Sones: _____
For HRV/ERV:	_____ % SRE @ 0°C @ _____ CFM
	_____ % SRE @ -25°C @ _____ CFM

Additional equipment

Location:			
Manufacturer:			
Model:			<input type="checkbox"/> HVI rated
Design airflow:	_____ CFM	ESP: _____	"w.c.
<input type="checkbox"/> TVC <input type="checkbox"/> Exhaust <input type="checkbox"/> Make-up air <input type="checkbox"/> Recirc			
Location:			
Manufacturer:			
Model:			<input type="checkbox"/> HVI rated
Design Airflow:	_____ CFM	ESP: _____	"w.c.
<input type="checkbox"/> TVC <input type="checkbox"/> Exhaust <input type="checkbox"/> Make-up air <input type="checkbox"/> Recirc			
Location:			
Manufacturer:			
Model:			<input type="checkbox"/> HVI rated
Design Airflow:	_____ CFM	ESP: _____	"w.c.
<input type="checkbox"/> TVC <input type="checkbox"/> Exhaust <input type="checkbox"/> Make-up air <input type="checkbox"/> Recirc			
Location:			
Manufacturer:			
Model:			<input type="checkbox"/> HVI rated
Design Airflow:	_____ CFM	ESP: _____	"w.c.
<input type="checkbox"/> TVC <input type="checkbox"/> Exhaust <input type="checkbox"/> Make-up air <input type="checkbox"/> Recirc			

Designer consent

I, _____ certify this ventilation system design to be in accordance with CAN/CSA F326:	
Date: _____	Signature: _____

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