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:

Builder

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

Designer

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

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

CEC equipment

☐ Clothes dryer(s)	(150 cfm default)
☐ Downdraft cook top	(220 cfm default)
☐ Other (exhaust)	(over 150 cfm)
Depressurization test required?	☐ Yes ☐ 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?	☐ Yes ☐ 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

☐ 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°C	@ _____ CFM
	_____ % SRE @ -25°C	@ _____ CFM

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	

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)