



RESIDENTIAL MECHANICAL VENTILATION RECORD

For Certification of Design and Performance of Residential Ventilation Systems

This form is for convenience only; the Town of Tillsonburg shall not be responsible for errors or omissions alleged to be the result of the use of this form.

HEATING SYSTEM/ COMBUSTION APPLIANCES	<input type="checkbox"/> Forced air <input type="checkbox"/> Non forced air		Civic Address:		LOCATION	
	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other		City			
	<input type="checkbox"/> No combustion appliances <i>No depressurization limit</i>		Name		BUILDER	
	<input type="checkbox"/> Solid Fuel (Including fireplaces) <i>5 pa. limit</i>		Address			
	<input type="checkbox"/> Direct vent (Sealed combustion) only <i>No dep. limit</i>		City			
	<input type="checkbox"/> Positive venting induced draft <i>___ pa. dep. limit</i>		Tel.			
<input type="checkbox"/> Natural draft or B-vent <i>5 pa. limit</i>		I certify this ventilation system design to be in accordance with :		DESIGNER		
<input type="checkbox"/> Clothes dryer 160 cfm		<input type="checkbox"/> CSA F326-M91 <input type="checkbox"/> OBC '06 (9.32.3)				
<input type="checkbox"/> Down-draft cook-top 220 cfm		Name HRAI#				
Other: (over 160 cfm)		Address				
DEPRESSURIZATION TEST/CALC. REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO		City Postal Code				
EXHAUST EQUIPMENT	Bsmt & Master Bdrm ___ @20 cfm ___ cfm		Tel.		INSTALLATION CHECKLIST	
	Other Bedrooms ___ @10 cfm ___ cfm		Signature Date			
	Bathrooms & Kitchen ___ @10 cfm ___ cfm		<input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating & clean			
	Other Rooms ___ @10 cfm ___ cfm		<input type="checkbox"/> Filters clean <input type="checkbox"/> Flow Measuring Stations			
	TOTAL VENTILATION CAPACITY (TVC) ___ cfm		<input type="checkbox"/> Dampers accessible <input type="checkbox"/> Insulated duct sealed			
TOTAL VENTILATION CAPACITY	CONTINUOUS		<input type="checkbox"/> Drain loop & connection		INSTALLATION CHECKLIST	
	Kitchens ___ @60 cfm ___ cfm		<input type="checkbox"/> Distribution to all rooms (non-forced air)			
	Bathrooms ___ @ 20 cfm ___ cfm		<input type="checkbox"/> Forced-air system <input type="checkbox"/> Continuous mode <input type="checkbox"/> Interlock			
	TOTAL ___ cfm		<input type="checkbox"/> Grease filter kitchen intake (<i>if duct not accessible for cleaning</i>)			
	INTERMITTENT		<input type="checkbox"/> Kitchen exhaust 4ft. from range			
EXHAUST CAPACITY	Kitchens ___ @ 100 cfm ___ cfm		<input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade			INSTALLATION CHECKLIST
	Bathrooms ___ @ 50 cfm ___ cfm		<input type="checkbox"/> Supply intake 6ft. from exhaust (<i>recommended</i>)			
			<input type="checkbox"/> Supply intake 3ft. to other exhausts			
			Other			
H.R.V.	Location:		MEASURED VENTILATION (TVC System)			
	Manufacturer/Model:		Supply: ___ cfm High ___ cfm Low (___%TVC)			
	Design Airflow: ___ cfm High ___ cfm Low		Exhaust: ___ cfm High ___ cfm Low (___%TVC)			
	___ % Sensible Efficiency @ 0°C ___ Watts		I certify this ventilation system design to be in accordance with :			
	___ % Sensible Efficiency @ -25°C ___ Watts		<input type="checkbox"/> CSA F326-M91 <input type="checkbox"/> OBC '06 (9.32.3)			
ADDITIONAL FANS	[1] Location: _____ ___ cfm ___ sones		Name HRAI#		INSTALLER	
	Manufacturer/Model:		Address			
	[2] Location: _____ ___ cfm ___ sones		City Postal Code			
	Manufacturer/Model:		Tel.			
[3] Location: _____ ___ cfm ___ sones		Signature Date				
Manufacturer/Model:						
[4] Location: _____ ___ cfm ___ sones						
Manufacturer/Model:						