



# RESIDENTIAL MECHANICAL VENTILATION DESIGN SUMMARY

For systems serving one dwelling unit & conforming to the Ontario Building Code, O.Reg 159/93



LOCATION OF INSTALLATION	
Lot # _____	Plan # _____
Township _____	
Roll # _____	Permit # _____
Address _____	

BUILDER	
Name _____	
Address _____	
City _____	
Tel. _____	Fax _____

INSTALLING CONTRACTOR	
Name _____	
Address _____	
City _____	
Tel. _____	Fax _____

COMBUSTION APPLIANCES 9.32.3.1.(1)
a) <input type="checkbox"/> Direct vent (sealed combustion) only
b) <input type="checkbox"/> Positive venting induced draft (except fireplaces)
c) <input type="checkbox"/> Natural draft, B-vent or induced draft fireplace
d) <input type="checkbox"/> Solid Fuel (including fireplaces)
e) <input type="checkbox"/> No Combustion Appliances

HEATING SYSTEM
<input type="checkbox"/> Forced Air <input type="checkbox"/> Non Forced Air
<input type="checkbox"/> Electric Space Heat

HOUSE TYPE 9.32.3.1.(2)
<input type="checkbox"/> I Type a) or b) appliances only, no solid fuel
<input type="checkbox"/> II Type I except with solid fuel (including fireplace)
<input type="checkbox"/> III Any Type c) appliance
<input type="checkbox"/> IV Type I, or II with electric space heat
<input type="checkbox"/> Other: Type I,II, or IV no forced air

SYSTEM DESIGN OPTION
<input type="checkbox"/> 1 Exhaust Only/Forced Air System
<input type="checkbox"/> 2 HRV with Exhaust Ducts/Forced Air System
<input type="checkbox"/> 3 HRV Simplified Connection to Forced Air System
<input type="checkbox"/> 4 HRV - Full Ducting/Not Coupled to Forced Air System
<input type="checkbox"/> Part 6 Design

TOTAL VENTILATION CAPACITY 9.32.3.3.(1)	
Bsmt & Master Bdrm _____ @ 10L/s _____ L/s	
Other Bedrooms _____ @ 5 L/s _____ L/s	
Bathrooms & Kitch _____ @ 5 L/s _____ L/s	
Other Rooms _____ @ 5L/s _____ L/s	
<b>TOTAL _____ L/s</b>	

PRINCIPAL VENTILATION CAPACITY 9.32.3.4.(1)	
Master Bedroom _____ @ 15L/s _____ L/s	
Other Bedrooms _____ @ 7.5 L/s _____ L/s	
<b>TOTAL _____ L/s</b>	

PRINCIPAL EXHAUST FAN CAPACITY	
Model: _____	Location: _____
_____ L/s	_____ Sones <input type="checkbox"/> HVI

HEAT RECOVERY VENTILATOR	
Model: _____	
_____ L/s High	_____ L/s Low
_____ % Sensible Efficiency @ -25°C <input type="checkbox"/> HVI	

SUPPLEMENTAL VENTILATION CAPACITY	
Total Ventilation Capacity	_____ L/s
Less Principal Ventilation Capacity	_____ L/s
required Supplemental Vent. Capacity	_____ L/s

SUPPLEMENTAL FANS 9.32.3.5.				
LOCATION	MODEL	L/S	SONES	HVI
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESIGNER CERTIFICATION
I hereby certify that this ventilation system has been designed in accordance with the Ontario Building Code.
Name _____
Signature _____
HRAI# _____
Date _____

# VENTILATION DECISION PATH (PART 9)

Dwelling has Electric Service?  
Dwelling intended for continuous winter occupancy?

YES

NO

Mechanical Ventilaton

Mechanical Not Required  
*(Provide Natural Ventialtion per 9.32..1. & 2)*

- Part 9 Dwelling Unit?
- Self-contained Ventilation system serving only one dwelling unit?
- All non-solid fuel appliances direct-vent, or positive induced draft.?
- All gas fireplaces are direct-vent?
- Less than 5 bedrooms?

YES OR N/A  
TO ALL

NO TO ANY

Part 9 System Desired?

NO

Part 6 System

Go to Part 6 Path

YES

Solid Fuel appliance?

YES

NO

Electric Space Heat?

Electric Space Heat?

NO

NO

YES

YES

Type II  
Dwelling Unit

Type IV  
Dwelling Unit

Type I  
Dwelling Unit

Couple Ventilation System  
to Forced air system?

Couple Ventilation System  
to Forced air system?

YES

NO

YES

NO

Options 2 or 3  
*(CVRO93)*

Option 4  
*(CVRO93)*

Options 1, 2 or 3  
*(CVRO93)*

Option 4  
*(CVRO93)*

CO Detector Required if Solid  
Fuel Appliance Present