



**Building Division**  
**Residential Mechanical Ventilation Record**  
*For Certification of Design and Performance of Residential Ventilation Systems*

<b>A</b>	<input type="checkbox"/> Forced Air	<input type="checkbox"/> Non Forced Air										<b>LOCATION</b>	
	<input type="checkbox"/> Electric	<input type="checkbox"/> Gas	<input type="checkbox"/> Oil	<input type="checkbox"/> Other									
	<input type="checkbox"/> No combustion appliances				<i>No depressurization limit</i>								
	<input type="checkbox"/> Solid Fuel (including Fireplaces)				<i>5 pa. limit</i>								<b>BUILDER</b>
	<input type="checkbox"/> Direct Vent (Sealed Combustion) only				<i>No dep. limit</i>								
	<input type="checkbox"/> Positive Venting induced draft				_____ <i>pa. dep. limit</i>								
<input type="checkbox"/> Natural draft or B-vent				<i>5 pa. limit</i>									
												<b>DESIGNER</b>	
										<b>MEASURED VENTILATION (TVC SYSTEM)</b>		<b>INSTALLER</b>	
										Supply: _____ cfm High _____ cfm Low ( _____ % TVC)			
										Exhaust: _____ cfm High _____ cfm Low ( _____ % TVC)			
										I certify this ventilation system to be installed in accordance with: <input type="checkbox"/> CSA F326-M91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '05(9.32) <input type="checkbox"/> OBC '12(9.32) <input type="checkbox"/> BCBC '98(9.32)			
										Name _____ HRAI # _____		<b>INSTALLATION CHECKLIST</b>	
										Address _____			
										City _____ Postal Code _____			
										Telephone _____ Fax _____			
										Signature _____ Date _____		<b>INSTALLER</b>	
										I certify this ventilation system design to be in accordance with: <input type="checkbox"/> CSA F326-M91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '05(9.32) <input type="checkbox"/> OBC '12(9.32) <input type="checkbox"/> BCBC '98(9.32)			
										Name _____ HRAI # _____			
										Address _____			
										City _____ Postal Code _____		<b>DESIGNER</b>	
										Telephone _____ Fax _____			
										Signature _____ Date _____			
										<input type="checkbox"/> Controls functioning		<b>INSTALLATION CHECKLIST</b>	
										<input type="checkbox"/> Fans operating & clean			
										<input type="checkbox"/> Filters clean			
										<input type="checkbox"/> Flow measuring stations			
										<input type="checkbox"/> Dampers accessible			
										<input type="checkbox"/> Insulated duct sealed			
										<input type="checkbox"/> Drain loop & connection			
										<input type="checkbox"/> Distribution to all rooms (non-forced air)			
										<input type="checkbox"/> Forced-air system <input type="checkbox"/> continuous mode <input type="checkbox"/> interlock			
										<input type="checkbox"/> Grease filter kitchen intake ( <i>if duct not accessible for cleaning</i> )			
										<input type="checkbox"/> Kitchen exhaust 40" to range			
										<input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade			
										<input type="checkbox"/> Supply intake 6 ft. from exhaust ( <i>recommended</i> )			
										<input type="checkbox"/> Supply intake 3 ft. to other exhausts			
										Other _____			
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