

**PART 6 - MECHANICAL VENTILATION INFORMATION**  
**SYSTEMS DESIGNED & INSTALLED IN CONFORMANCE WITH CAN-CSA F326-M91**

LOCATION OF INSTALLATION	
LOT #	PLAN #
MUNICIPALITY: CITY OF VAUGHAN	
PERMIT #	
ADDRESS	
COMBUSTION APPLIANCES	
a) <input type="checkbox"/> No combustion appliances <span style="float: right;"><i>No depressurization limit</i></span>	
b) <input type="checkbox"/> Solid Fuel (Including Fireplaces) <span style="float: right;"><i>5 pa. limit</i></span>	
c) <input type="checkbox"/> Direct Vent (Sealed Combustion) only <span style="float: right;"><i>No dep. limit</i></span>	
d) <input type="checkbox"/> Positive venting induced draft _____ pa. dep. limit	
e) <input type="checkbox"/> Natural draft or B-vent <span style="float: right;"><i>5 pa.</i></span>	
HEATING SYSTEM	
<input type="checkbox"/> Forced Air <span style="margin-left: 100px;"><input type="checkbox"/> Non Forced Air</span>	
<input type="checkbox"/> Electric <span style="margin-left: 20px;"><input type="checkbox"/> Gas</span> <span style="margin-left: 20px;"><input type="checkbox"/> Oil</span> <span style="float: right;"><input type="checkbox"/> Other</span>	
MINIMUM VENTILATION CAPACITY (MVC)	
Basement & Master Bedroom _____ @ 10 L/s _____ L/s	
Other Bedrooms _____ @ 5 L/s _____ L/s	
Bathrooms & Kitchen _____ @ 5 L/s _____ L/s	
Other Rooms _____ @ 5 L/s _____ L/s	
Total _____ L/s	
SYSTEM INSTALLED TO PROVIDE MVC	
Manufacturer _____	
Model: _____ <input type="checkbox"/> HVI	
Design Airflow: _____ L/s High _____ L/s Low	
_____ % Sensible Efficiency @ 0°C _____ watts	
_____ % Sensible Efficiency @ -25°C _____ watts	
CONTINUOUS EXHAUST CAPACITY	
Kitchens _____ @ 30 L/s _____ L/s	
Bathrooms _____ @ 10 L/s _____ L/s	
TOTAL _____ L/s	
INTERMITTENT EXHAUST CAPACITY	
Kitchens _____ @ 50 L/s _____ L/s	
Bathrooms _____ @ 25 L/s _____ L/s	
TOTAL _____ L/s	

NOTE: HEAT RECOVERY VENTILATORS AND EXHAUST FANS ARE REQUIRED TO BE HVI APPROVED

ADDITIONAL VENTILATION EQUIPMENT				
LOCATION	MODEL	L/S	SONES	HVI
OTHER EXHAUST EQUIPMENT				
<input type="checkbox"/> Clothes Dryer				75 L/s
<input type="checkbox"/> Down-draft Cook-top				110 L/s
Other: _____				L/s
DEPRESSURIZATION TEST REQUIRED? <input type="checkbox"/> yes <input type="checkbox"/> no				
MEASURING VENTILATION (MVC System)				
Supply: _____		L/s High	_____	L/s Low
Exhaust: _____		L/s High	_____	L/s Low
INSTALLATION CHECKLIST				
<input type="checkbox"/> Controls Functioning		<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 and Connection				
<input type="checkbox"/> Distribution to All Rooms (Non-forced Air)				
<input type="checkbox"/> Forced-air System Continuous Mode (Coupled to Forced Air)				
<input type="checkbox"/> Grease Filter Kitchen Intake				
<input type="checkbox"/> Kitchen Exhaust 4 ft from Range				
<input type="checkbox"/> Exhaust 4 Above Grade		<input type="checkbox"/> Supply 18 Above Grade		
<input type="checkbox"/> Supply Intake 6ft from Exhaust				
<input type="checkbox"/> Supply Intake 3ft from other Exhausts				
Other: _____				
DESIGNER CERTIFICATION				
I hereby certify that this ventilation system has been designed in accordance with the requirements of CAN-CSA F326-M91.				
Name: _____				
Signature: _____				
Date: _____				
INSTALLING CONTRACTOR				
I hereby certify that this ventilation system was installed in accordance with the requirements of CAN-CSA F326-M91.				
Name: _____				
Address: _____				
City: _____				
Telephone: _____			Fax: _____	