

## Mechanical ventilation certification (Residential)



<b>Project Address</b>		
<b>Property Owner</b>		<b>Permit:</b>
<b>Building Description</b>		

## Contractor details

<b>Company name</b>	
<b>Name:</b>	
<b>Address</b>	
<b>Phone, email</b>	

Ventilation capacity rates (minimum, Litres/second)				Ventilation system information		
Room/space	Number	Required rate	Subtotal	Brand/Model:	HVI rated	
Master Bedroom		@ 10		Design airflow		L/s high
Other bedroom		@5				L/s low
Bathroom/Kitchen		@5		Supply flow, measured		L/s high
Living/Dining room		@5				L/s low
Laundry room		@5		Exhaust flow, measured		L/s high
Other rooms		@5				L/s low
Unfinished basement		@5				L/s low
Minimum required ventilation capacity				<i>Conversion: 1 L/s = 2.118 cfm</i>		

<b>Additional exhaust</b>			
Bathroom fan	@	L/s =	L/s
Kitchen exhaust	@	L/s =	L/s

<b>Protection from depressurization (9.32.3.8) required?</b>		
Location:	@	L/s

## System certification

I certify this ventilation system is designed, installed and balanced in accordance with:	
CSA F326	2015 NBC
ASHRAE 62.1	
Certification (if applicable)	
Contractor's signature	Date: