

A

Mechanical Ventilation Checklist A—Non-Distributed

Use this checklist with **Non-Distributed Systems** such as those usually found in dwellings with **electric or hot water radiant or baseboard heating systems** or where duct systems do not distribute ventilation air.

Civic Address _____	Permit No. _____
Number of Bedrooms	<input style="width: 80px; height: 25px;" type="text"/> (A)
Total Interior Volume of Dwelling	<input style="width: 80px; height: 25px;" type="text"/> ft ³
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =	<input style="width: 80px; height: 25px;" type="text"/> cfm (B)

A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.
 Total volume includes heated interior joist spaces and heated crawlspaces.
 Exhaust appliances exceeding .5 ACH may require make-up air.

1. Principal Fan

a) Exhaust Rate: Use the bedroom count from Box (A) above and Table 9.32.3.3.A. to determine Minimum Rate. Maximum Rate of 110 cfm if NAFFVA/Radon present.

The Principal Exhaust Fan will be controlled automatically with an interval timer OR run continuously.

Minimum required rate: **Interval Timer**

Continuous

cfm (C)

cfm (D)

b) Principal Fan CFM & Sone Rating:

Make _____ Model _____

cfm (E)

Sones: Interval _____ Continuous _____
 Maximum rating: Interval Timer 1.5 Sones Continuous 1 Sone

Box E Maximum allowed is **110 cfm** if Make-up Air Required in Step 4.

Fan Location: _____

c) Principal Fan Duct Size:

Use actual fan cfm in Box E above and Table 9.32.3.9.

Fan Duct size: _____ inches. Duct type: ___Smooth ___Flex

2. Required Kitchen and Bathroom Exhaust Fans:

Room	Fan Make & Model	Fan CFM		Duct Diameter (in)	
		Code Req'd Min. @ .2"W.C. per Table 9.32.3.3.B	actual Fan CFM @ .2"W.C. per Manf. Rating	Table 9.32.3.9*	
				Smooth	Flex

* For fan capacities **exceeding** Table 9.32.3.9, follow manufacturer's installation instructions or use good engineering practice to size duct. See *Ventilation Guidelines* Appendix page 24-A.

3. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) **and/or Radon Gas present in dwelling unit?**

Yes, Proceed to Step 4 & 5

No, Omit Steps 4 to 7.

4. Passive Make-Up Air Duct for Principal Fan: Use the Box E installed cfm and Table 9.32.3.8.

Make-up air duct diameter _____ inches. Location _____

5. Exhaust Appliance present which exceeds Box B 0.5 ACH:

Yes, Proceed to Step 6.

No such appliance. Omit Steps 6 to 7.

6. Use Passive Make-up Air for Exhaust Appliance with actual installed exhaust rate of 126 cfm or less:

Appliance Cfm _____ **Passive Make-up Air Duct** Sized to Table 9.32.3.8: _____ inches

7. Use Active Make-up Air for Exhaust Appliance with actual installed exhaust rate of more than 126 cfm.

Make-up Air Fan required:

***Exhaust Appliance Cfm** _____

Fan Make _____ Model _____

Fan Cfm _____

Duct diameter _____ inches

*Must equal actual installed exhaust rate of appliance.

Fan Location _____ Fan ducted to _____

A) Active Make-up Air delivered to an Unoccupied Area (not directly to room containing the appliance).

Tempering Required per 9.32.4.1.(4)(a):

Show calculation & describe how make-up air will be tempered to at least 34°F (1°C) before entering unoccupied area.

Transfer Grill Required: Size to Table 9.32.3.8 (or 1 sq in of gross area per 2 cfm):

Transfer grill size _____ sq. in. Location _____

Additional Tempering Required per 9.32.4.1.(4)(b) before transfer to occupied area: Show calculation and describe how make-up air will be further tempered to at least 54°F (12°C).

B) Active Make-up Air delivered to an Occupied Area: Tempering Required. Show calculation and describe how make-up air will be tempered to at least 54°F (12°C).

Installer Certification:

Date _____

I hereby certify that the design and installation of the ventilation system complies with the 2006 B.C. Building Code.

Print Name _____

2006 TECA Ventilation Certification Stamp

Signature _____

Company _____

Phone _____



Checklist A2