

4 Ventilation Checklist 4—Exhaust Fan & Passive Inlets SENTENCE 9.32.3.4(6)

Use this checklist for small (≤ 1800 sqft), single level, non-forced air heated dwellings located in coastal climate areas where winter design temperature is warmer than -13°F .

Civic Address _____		Permit No. _____	
Climate Zone: ____	Number of Bedrooms	<input type="text"/>	(A) A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.
Total Floor area of conditioned space		<input type="text"/> ft ²	(B)
Total Interior Volume of Dwelling		<input type="text"/> ft ³	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<input type="text"/> cfm	(C) Exhaust appliances exceeding .5 ACH may require make-up air.

1. Principal Ventilation System Exhaust Fan Minimum Air-flow Rate

Use the bedroom count from Box (A) and Total square footage from Box (B) above and Table 9.32.3.5. to determine

Minimum Required Principal Exhaust System Capacity cfm (D)

2. Principal System Fan Choice

a) Exhaust Fan continuous running Make _____ Model _____ Sone Rating _____

Location: _____ **Capacity at 0.2 ESP** cfm (E) Must be \geq than Box (D)
If CEV, capacity @0.4ESP

3. Fan Duct Size and Equivalent Length

Use actual fan cfm in Box(E) above and Table 9.32.3.8 (3) [See note at bottom of page for larger fan duct sizing].

a) Length of duct _____ ft + Exterior hood 30ft + number of 90° elbows _____ X 10 ft = _____ **Equivalent Length**
Maximum Equivalent Length allowed in Table 9.32.3.8(3) = _____

b) Fan Duct size: _____ inches Ø Duct type: ___ Smooth ___ Flex

4. Required Kitchen and Bathroom Exhaust Fans: Re-list below if Principal Exhaust Fan meets all or part of Kitchen/Bathroom spot Exhaust requirements.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						Principal System CFM	
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS							Ex.Fan/CEV
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Max. Equiv. Length per table	Installed Equiv. Length		Principal System CFM
rigid	flex								

* For fan capacities **exceeding** 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct.
See *Ventilation Guidelines* Appendix page 16-A

TOTAL (must = Box E)	
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5. Required Inlets for passive Ventilation Air Supply

a) Location: High wall (minimum 6 ft above floor) _____

List all rooms with inlets: Required in each bedroom, and at least one common area

b) Inlet Size: Free Area must be greater than or equal to 4 Sq In

6. If Heated Crawlspace present, state method of ventilating _____

MAKE-UP AIR Requirements

1. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) **or radon present in dwelling unit? Sentence 9.32.4.1**

Yes, Proceed to Step 2

No, Omit Steps 2 & 3

2. Exhaust Appliance present which exceeds Box C 0.5 ACH:

Yes, Proceed to Step 3

Yes, Commit to

No such appliance. Omit Step 3

Depressurization Test (See CAUTION, TECA Vent Manual pg 24)

3. Use Active Make-up Air for Exhaust Appliance.

Make-up Air Fan required:

Exhaust Appliance Actual Installed Cfm _____

Fan Make _____ Model _____

Make-up Air Fan Cfm _____

Duct diameter _____ inches

Fan Location _____ Fan ducted to _____

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

i) 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.

ii) Transfer Grill Required: Size 1 sq in of gross area per 2 cfm):

Transfer grill size _____ sq. in. Location _____

iii) 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).

OR 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 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

2014 TECA Ventilation Certification Stamp

Print Name _____

Signature _____

Company _____

Phone _____

