

2 Ventilation Checklist 2—HRV Systems

2014 Amendment to Section 9.32 Ventilation

SENTENCE 9.32.3.4 (3) & (4)

Use this checklist when a centrally ducted HRV (heat recovery ventilator) is used alone or in combination with a Forced Air furnace to meet principal ventilation system requirements.

Civic Address _____		Permit No. _____	
Climate Zone: _____	Number of Bedrooms	<input style="width: 50px; height: 25px;" 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 style="width: 50px; height: 25px;" type="text"/> ft ²	(B)
Total Interior Volume of Dwelling		<input style="width: 50px; height: 25px;" type="text"/> ft ³	Total volume includes all heated interior spaces
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 =		<input style="width: 50px; height: 25px;" type="text"/> cfm	(C) Exhaust appliances exceeding .5 ACH may require make-up air.

1. Use the bedroom count (Box A above) and total square footage (Box B above) to determine the minimum principal Air Flow rate required by Table 9.32.3.5

Minimum Required Rate cfm (D)

2. HRV Make _____ Model _____

3. HRV Capacity: CFM @ 0.4 ESP. Box E must meet Box D requirement. cfm (E)

4. List Exhaust Grilles Locations: 1 minimum @ 6ft or higher from floor of uppermost level.

5. Required Kitchen and Bathroom Exhaust

If HRV used to meet all or part of Kitchen/Bathroom spot exhaust requirements list below.

ROOM	REQUIRED EXHAUST RATE Table 9.32.3.6	EXHAUST EQUIPMENT						HRV Principal System CFM
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS						
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)		Max. Equiv. Length per table	Installed Equip. Length	
Duct Dia (in Ø)								
				rigid	flex			
TOTAL (must = Box E)								

* 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

6. HRV Fresh Air Distribution (choose A or B option)

A) Supply Air from HRV direct connect to Return Air of a Forced Air Furnace system:

Furnace Fan continuous operation: yes and Forced Air system ducted to supply air to every bedroom and any level without a bedroom: yes and heated crawlspace: yes

B) Supply Air from HRV distributed independently to every bedroom and any level without a bedroom and to a heated crawlspace. List distribution grille locations: _____

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 _____

