2 Ventilation Checklist 2—HRV Systems 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: ________ (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: ___________ ft² (B) Total volume includes all heated interior spaces

Total Interior Volume of Dwelling: ___________ ft³

.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = ___________ 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.

<table>
<thead>
<tr>
<th>ROOM</th>
<th>REQUIRED EXHAUST RATE Table 9.32.3.6</th>
<th>EXHAUST EQUIPMENT</th>
<th>HRV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Spot Exhaust Kitchen &amp; Bath WALL/CEILING FANS</td>
<td>CFM @ 0.2 ESP</td>
<td>*Duct Sizing per Table 9.32.3.8(3)</td>
</tr>
<tr>
<td></td>
<td>Fan Make &amp; Model</td>
<td>Duct Dia (in)</td>
<td>rigid</td>
</tr>
</tbody>
</table>

* 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

Checlist 2, pg. 10/12

teca Ventilation Guidelines
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 __________________ Fan ducted to
   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.

Print Name ________________________________
Signature ________________________________
Company ________________________________
Phone ________________________________

Checklist 2, pg2012
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teca Ventilation Guidelines 29