

MECHANICAL VENTILATION INSTALLATION REVIEW FORM

Heat Recovery Ventilator Systems

NOTE: Use Permanent Markings to Complete this Form

LOCATION OF INSTALLATION

Name _____

Address _____

City & Province _____

Postal Code _____

Telephone No. _____

INSTALLING CONTRACTOR

Name _____

Address _____

City & Province _____

Postal Code _____

Telephone No. _____

CERTIFIED DESIGNER

Name _____

Registration/Cert. # _____

Address _____

City & Province _____

Telephone No. _____

AIRFLOW MEASUREMENT RESULTS

SYSTEM CAPACITY

Minimum Supply Required
(as per design review)

L/s	cfm
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SYSTEM CAPACITY PROVIDED

Supply Air _____ L/s(cfm)

Exhaust Air _____ L/s(cfm)

PURCHASER RECEIVED:

- Operating Instructions
- Warranty Data
- Operation & Maintenance Manuals
- Advice & Caution RE: Combustion Air

***Flow Stations (Collars) must be permanently installed in system.**
(HRVs must be balanced when in continuous)

START-UP

Equipment Model No. _____ Serial No. _____

Check the following if satisfactory

- Electric Power Wiring
- Control(s) Wiring
- Control(s) Functioning
- Dehumidistat Setting At _____ % R.H.
- Control Switch (Module) centrally located and identified
- Filter(s)
- Air Distribution System
- Properly Mounted

RELIEF/MAKE-UP AIR PROVIDED (1)

RESULTS OF HOUSE PRESSURE TEST (C.S.A. F326) (2)

or

OUTDOOR INTAKE/EXHAUST OPENINGS

Outside Supply Air Intake/Exhaust Outlet Separation _____ m(ft)

(72" minimum)

Height of Intake Above Ground (36" Min.) _____ m(ft)

NOTE: Intake and Exhaust Openings to be Equipped with
Corrosion-Resistant Screens/Grills

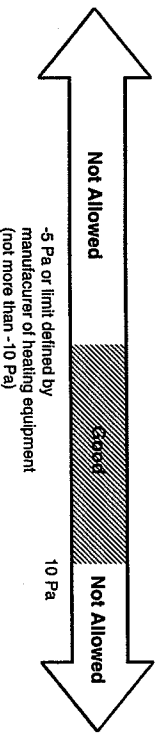
NOTE: (1) This Department strongly recommends that each
project is field tested to determine relief/make-up air requirements.

CONTRACTOR/DESIGNER CERTIFICATION

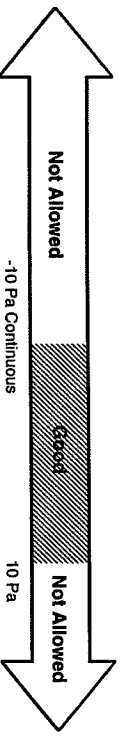
I hereby Certify that the Ventilation and heating/cooling systems have been
designed/installed in accordance with provisions of Part 6, Ontario Building
Code and Residential Mechanical Ventilation Requirements of "CAN/C.S.A.-
F326-M91"

NOTE: (2) CSA F326 HOUSE PRESSURE LIMITS

1. For houses with non-direct vent combustion appliances



2. For houses with only direct vent combustion appliances



DISTRIBUTION OF COPIES

- Owner
- Installer
- City of Thunder Bay Building Services Department

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(807) 625-2574
Fax 1-807-623-9344

NOTE :- Include all ventilation fans in test

- Also include the dryer and the next
largest fan for intermittent (Reference
Exhaust) pressure measurement