



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)

Type of Measuring
 Equipment Used _____

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

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

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"

NAME _____
 SIGNATURE _____
 DATE _____ REGISTRATION/CERT. NO. _____

DISTRIBUTION OF COPIES

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

500 DONALD STREET EAST,
 THUNDER BAY, ONTARIO P7E 5V3
 (807) 625-2574
 Fax 1-807-623-9344

RELIEF/MAKE-UP AIR PROVIDED (1)

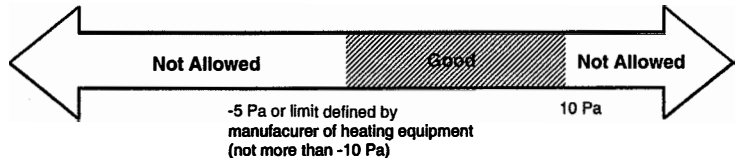
or

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

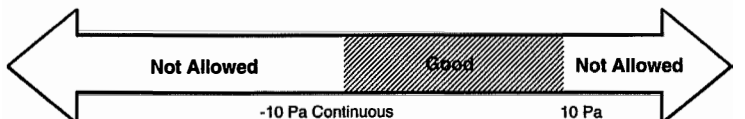
NOTE: (1) This Department strongly recommends that each
 project is field tested to determine relief/make-up air requirements.

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



NOTE : - Include all ventilation fans in test
 - Also include the dryer and the next
 largest fan for intermittent (Reference
 Exhaust) pressure measurement