



Mechanical Ventilation Record-Residential			
Project Address:			
Ventilation Contractor:			
Address:			
Phone:		Email:	
Installer Name:			
HRAI #			
Ventilation System Design Method <input type="radio"/> CSA F326 <input type="radio"/> NBC 2015			
Ventilation Capacity			
Room or Space	Quantity	Air Change Rate	Ventilation Capacity
Master Bedroom		@ 10 L/s =	L/s
Other Bedrooms		@ 5 L/s=	L/s
Bathrooms & Kitchen		@ 5 L/s=	L/s
Living & Dining Room		@ 5 L/s=	L/s
Laundry Room		@ 5 L/s=	L/s
Other Rooms		@ 5 L/s=	L/s
Unfinished Basement		@ 10 L/s =	L/s
Minimum Total Ventilation Capacity (TVC)			L/s
Ventilation System Information			
Manufacturer:			
Model:			
Energy Star Rated:		<input type="radio"/> Yes <input type="radio"/> No	
Design Airflow:		L/s (Low)	L/s (High)
Additional Exhaust	Quantity	Air Change Rate L/s	Ventilation Capacity
Bathroom Fan		L/s	L/s
Kitchen range		L/s	L/s
Other		L/s	L/s
Notes:			