

B

Mechanical Ventilation Checklist B—Distributed

Previously Checklist C (per former 1998 BCBC)

This Checklist is for use with **forced air heating systems** where the heating duct system distributes ventilation air.

Civic Address _____	Permit No. _____
Number of Bedrooms <input style="width: 80px; 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 Interior Volume of Dwelling <input style="width: 80px; height: 25px;" type="text"/> ft ³	Total volume includes heated interior joist spaces and heated crawlspaces.
.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = <input style="width: 80px; height: 25px;" type="text"/> cfm	(B) Exhaust appliances exceeding .5 ACH may require make-up air.

1. Principal Fan

a) **Exhaust Rate:** Use the bedroom count from Box (A) above and Table 9.32.3.3.A. to determine Minimum Rate. (Maximum Rate of 110 cfm if NAFFVA/Radon present.)

Minimum required rate: **Interval Timer**

Continuous

cfm (C)

cfm (D)

b) **Principal Fan CFM & Sone Rating:**

Make _____ Model _____

cfm (E)

Sones: Interval _____ Continuous _____
 Maximum allowed: Interval timer 1.5 sones Continuous 1 sone

Box E Maximum allowed is **110 cfm** if Make-up Air Required in Step 4.

Fan Location: _____

c) **Principal Fan Duct Size:** Use actual fan cfm in Box E above and Table 9.32.3.9 for Duct.

Fan Duct size: _____ inches. Duct type: ___Smooth___Flex

2. Required Kitchen and Bathroom Exhaust Fans:

Room	Fan Make & Model	Fan CFM		Duct Diameter (in) Table 9.32.3.9*	
		Code Req'd Min @.2"W.C. per Table 9.32.3.3.B	actual Fan CFM @.2"W.C. per Manf. Rating	Smooth	Flex

* For fan capacities exceeding Table 9.32.3.9, follow manufacturer's installation instructions or use good engineering practice to size duct. See *Ventilation Guidelines* Appendix page 24-A.

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3. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) and/or Radon Gas present in dwelling unit?

Yes, Proceed to Step 4 & 5

No, Omit Steps 4 to 7.

4. Active Make-Up Air Duct for Principal Fan: Per Sec 9.32.3.8. (2) (b) (ii & iii) Install a 4"Ø outdoor air duct into the furnace return air plenum not more than 15ft (unless a flow control device is used) or less than 10ft from the furnace cabinet. In locations with winter design temperature less than -10° C, this duct must have a motorized damper interconnected with principal ventilation air fan. **Interconnect in place:** Principal Fan & Furnace Blower Yes & Damper (if present) Yes

Damper make _____ Voltage _____

5. Exhaust Appliance present which exceeds Box B 0.5 ACH:

Yes, Proceed to Step 6.

No such appliance. Omit Steps 6 to 7.

6. Use Passive Make-up Air for Exhaust Appliance with actual installed exhaust rate of 126 cfm or less:

Appliance Cfm _____ Passive Make-up Air Duct Sized to Table 9.32.3.8: _____ inches

7. Use Active Make-up Air for Exhaust Appliance with actual installed exhaust rate of more than 126 cfm.

Make-up Air Fan required:

*Exhaust Appliance Cfm _____

Fan Make _____ Model _____

Fan Cfm _____

Duct diameter _____ inches

*must equal actual installed exhaust rate of appliance.

Fan Location _____ Fan ducted to _____

a) Active Make-up Air delivered to an Unoccupied Area (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 to Table 9.32.3.8 (or 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 2006 B.C. Building Code.

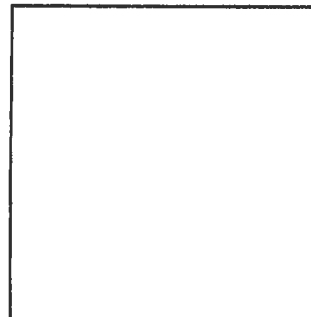
Print Name _____

2006 TECA Ventilation Certification Stamp

Signature _____

Company _____

Phone _____



Checklist B2