



# Mechanical Ventilation Installation Review Form

## Heat Recovery Ventilator Systems

### For use by Principal Authority

Application No.:	Permit No. (if different):
Date Received:	Roll No.:

Application submitted to: **Municipality of Shuniah**, 420 Leslie Avenue, Thunder Bay, ON, P7A 1X8

#### A. Project Information

Building number, street name	Unit number	Lot/con.
Municipality	Postal Code	Plan number/other description
Purpose Use of Building:		

#### B. Applicant

Applicant is: <input type="checkbox"/> Owner or <input type="checkbox"/> Authorized agent of owner		
Last name	First Name	Corporation or partnership
Street address		Unit number
Municipality	Postal Code	Province
Telephone number	Fax	Cell number

#### C. Airflow Measurement Results

<b>System Capacity</b> Minimum Supply Required (as per design review)	<b>System Capacity Provided</b> Supply Air _____ L/s(cfm) Exhaust Air _____ L/s(cfm)	<b>Purchaser Received:</b> <input type="checkbox"/> Operating Instructions <input type="checkbox"/> Warranty Data <input type="checkbox"/> Operation & Maintenance Manuals <input type="checkbox"/> Advice & Caution Re: Combustion Air
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Type of Measuring Equipment Used \_\_\_\_\_

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

#### D. Start-up

Equipment Model No. \_\_\_\_\_ Serial No. \_\_\_\_\_

**Check the following if satisfactory**

<input type="checkbox"/> Electric Power Wiring	<input type="checkbox"/> Filter(s)	<input type="checkbox"/> Control(s) Functioning	<input type="checkbox"/> Dehumidistat Setting At _____ %R.H.
<input type="checkbox"/> Control(s) Wiring	<input type="checkbox"/> Air Distribution System	<input type="checkbox"/> Properly Mounted	<input type="checkbox"/> Control Switch (Module) centrally located and identified

#### E. Outdoor Intake/Exhaust Openings

Outside Supply Air Intake/Exhaust Outlet Separation (72" minimum) \_\_\_\_\_ m / ft

Height of Intake Above Ground (36" minimum) \_\_\_\_\_ m / ft

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

#### M. Relief/Makeup Air Required or Results of House Pressure Test (C.S.A. F326)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** This Department strongly recommends that each project is field tested to determine relief/make-up air requirements.

#### N. CSA F326 House Pressure Limits

1. For houses with non-direct vent combustion appliances.	2. For houses with only direct vent combustion appliances.
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**Note:** - Include all ventilation fans in test.  
 - Also include the dryer and the next largest fan for intermitten (Reference Exhaust) pressure measurement.

#### P. 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 Requirements of "CAN/CSA-F326-M91"

Last name	First Name	Registration/Cert.#/BCIN
Street address		Unit number
Municipality	Postal Code	Province
Telephone number	Fax	Cell number
Date	Signature	