4 Ventilation Checklist 4—Exhaust Fan & Passive Inlets SENTENCE 9.32.3.4(6)

Use this checklist for small (≤ 1800 sqft), single level, non-forced air heated dwellings located in coastal climate areas where winter design temperature is warmer than -13°F.

Civic Address_____ Permit No._____

Climate Zone: ____ Number of Bedrooms [ ] (A) A bedroom is a room with an openable window (minimum dimensions apply), a closet and a closing interior door.

Total Floor area of conditioned space [ ] ft^2 (B)

Total Interior Volume of Dwelling [ ] ft^3 Total volume includes all heated interior spaces

.5 ACH (air changes/hr) = Volume x 0.5 ÷ 60 = [ ] cfm (C) Exhaust appliances exceeding .5 ACH may require make-up air.

1. Principal Ventilation System Exhaust Fan Minimum Air-flow Rate

Use the bedroom count from Box (A) and Total square footage from Box (B) above and Table 9.32.3.5. to determine

Minimum Required Prinicpal Exhaust System Capacity [ ] cfm (D)

2. Principal System Fan Choice

a) Exhaust Fan continuous running Make_____Model_____ Sone Rating ____

Location: _____ **Capacity at 0.2 ESP** [ ] cfm (E) Must be ≥ than Box (D)

If CEV, capacity @0.4ESP

3. Fan Duct Size and Equivalent Length

Use actual fan cfm in Box(E) above and Table 9.32.3.8 (3) [See note at bottom of page for larger fan duct sizing].

a) Length of duct_____ft + Exterior hood 30ft + number of 90° elbows ____X 10 ft = _____**Equivalent Length**

Maximum Equivalent Length allowed in Table 9.32.3.8(3) = _____

b) Fan Duct size: _____inches Ø Duct type:___Smooth___Flex

4. Required Kitchen and Bathroom Exhaust Fans: Re-list below if Principal Exhaust Fan meets all or part of Kitchen/Bathroom spot Exhaust requirements.

ROOM	REQUIRED EXHAUST RATE **Table 9.32.3.6**	EXHAUST EQUIPMENT						
		Spot Exhaust Kitchen & Bath WALL/CEILING FANS						Ex.Fan/CEV
		Fan Make & Model	CFM @ 0.2 ESP Manf. Rated	*Duct Sizing per Table 9.32.3.8.(3)				Principal System CFM
				Duct Dia (in Ø) rigid	Duct Dia (in Ø) flex	Max. Equiv. Length per table	Installed Equiv. Length	

TOTAL (must = Box E) [ ]

* For fan capacities **exceeding** 175cfm in Table 9.32.3.8(3), follow manufacturer's installation instructions or use good engineering practice to size duct.

See *Ventilation Guidelines* Appendix page 16-A

© November 2014TECA
BETA Version

5. Required Inlets for passive Ventilation Air Supply

a) Location: High wall (minimum 6 ft above floor) ____

List all rooms with inlets: Required in each bedroom, and at least one common area

_____

_____

b) Inlet Size: Free Area must be greater than or equal to 4 Sq In

6. If Heated Crawlspace present, state method of ventilating_____

MAKE-UP AIR Requirements

1. NAFFVA (Naturally Aspirated Fuel Fired Vented Appliance) **or radon present in dwelling unit? Sentence 9.32.4.1**

☐ **Yes, Proceed to Step 2** ☐ **No**, Omit Steps 2 & 3

2. Exhaust Appliance present which exceeds Box C 0.5 ACH:

☐ **Yes, Proceed to Step 3** ☐ **Yes, Commit to Depressurization Test** (See **CAUTION**, TECA Vent Manual pg 24) ☐ **No such appliance**. Omit Step 3

3. Use Active Make-up Air for Exhaust Appliance.

Make-up Air Fan required: **Exhaust Appliance Actual Installed Cfm** _____

Fan Make _____ Model _____ **Make-up Air Fan Cfm** _____

Duct diameter _____inches

Fan Location _____ Fan ducted to _____

a) Active Make-up Air delivered to an Unoccupied Area first (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 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 2012 B.C. Building Code, 2014 Section 9.32 Amendment.

2014 TECA Ventilation Certification Stamp

Print Name_____

Signature_____

Company_____

Phone _____

Checklist 4, pg2 of 2