



FOOTHILLS COUNTY
309 Macleod Trail
Box 5605
High River, AB T1V 1M7
(403) 652-2341
www.FoothillsCountyAb.ca

RESIDENTIAL MECHANICAL VENTILATION SYSTEM INSTALLATION Data – CSA Standard CAN / CSA-326-M

Copies to: _____
Purchaser: _____
Authority Having Jurisdiction: _____
Manufacturer: _____
Installing Contractor: _____

Location of installation	Installing Contractor
Name: _____	Name: _____
Address _____	Address _____
City & Province _____	City & Province _____
Phone No. _____	Phone No. _____

**The following items 1.0 through to 1.3 must be completed at Building Permit Application.
The following items 1.4 through to 3.6 must be completed and signed prior to Occupancy.**

- 1.0 Ventilation Characteristics
- 1.1 Volume of habitable space including basement _____ m3 (A)
- 1.2 Required Ventilation
- | | |
|----------------------------------------------------------------|--------------------|
| Either - Master bedroom at 10L/s | _____ L/s |
| - Other bedrooms,
Kitchen, dining room _____ rooms at 5 L/s | _____ L/s |
| Family, recreation room | |
| - Basement – 10 L/s and / or | _____ L/s |
| - _____ Rooms at 5 L/s | _____ L/s |
| | Total _____ L/s(B) |
| | _____ L/s(C) |
- Or - Habitable Space (A) ÷ 12
(letters in brackets refer to values in the right hand column)
- 1.3 Designed ventilation rate _____ L/s
- 1.4 Actual measurement of total
House ventilation capacity: _____ L/s
- | | |
|--|------------------------------|
| | outdoor air supply _____ L/s |
| | Exhaust _____ L/s |

[Note that not all systems require both a centralized supply and an exhaust. Either supply or exhaust must be measured. If only one is measured, the other must be determined by design for completion of 3.5.1.(c)]

Method used for airflow measurement _____

2.0 Ventilation Check

2.1 To comply with the Standard, Item (D) or (E) should be equal to or greater than the larger of Item (B) or (C)

2.2 If the system includes a heat recovery ventilator, the lesser of Item (D) or (E) shall be 90% or more of the greater of Item (D) Or (E), shall comply the value recommended by the manufacturer [see Clause 8.13.3.(d)]

2.3 Air supply and / or exhaust from all rooms

2.4 Air exhaust from kitchen and bathrooms directly to outside operating

2.5 Controls operating and adjustable for all modes of operation

2.6 Noise and vibration within reasonable limits

2.7 Supply air inlet(s) located to minimize possibility of Admitting contaminated air

3.0 Pressure Check

3.1 Depressurization

Classification of combustion system (if installed):

5 Pa (e.g., open fireplace, standard gas DHW)

Or ____ Pa manufacturer's rated listing

If ventilation system is balanced go to Clause 3.3

If not balanced go to next section.

3.2 With ventilation system operating:

Compliance with depressurization limit determined by

i) Design or ii) Test (check one)

3.3 With ventilation system operating plus dryer plus one exhaust fan:

Compliance with depressurization limit determined

i) Design or ii) Test (check one)

3.4 Make-up air not required

or required, properly sized and installed

3.5 Pressurization

3.5.1 Allowable excess of outdoor air intake

- (a) Interior surface area of dwelling unit ____ m² (F)
- (b) Maximum allowable excess of outdoor air intake (F) x 0.12 ____ L/s (G)
- (c) Actual excess of outdoor air intakes: (D) – (E) ____ L/s (H)
- (d) System complies with allowable excess of outdoor air intake:
[(H) is not greater than (G)] ____

3.5.2 Pressure increase [Clause 6.1. (b)]

System does not pressurize house beyond 10 Pa

And / or beyond specific limit for vented combustion appliance

Compliance with pressurization limits determined by

- i) Design or ii) Test (check one)

3.6 Relief air not required

Or required, property sized and installed

Purchaser has:

- Received instruction on the operation of the equipment
- Received warranty data
- Received operation and maintenance manuals
- Received advice and caution regarding combustion air, if applicable.

Purchaser Signature _____ Date _____

Installation Contractor Start-up Certification

I hereby certify that this ventilation system was installed in accordance with CSA Standard CAN/CSA-F326, Residential Mechanical Ventilation System

Contractor Signature _____ Date _____