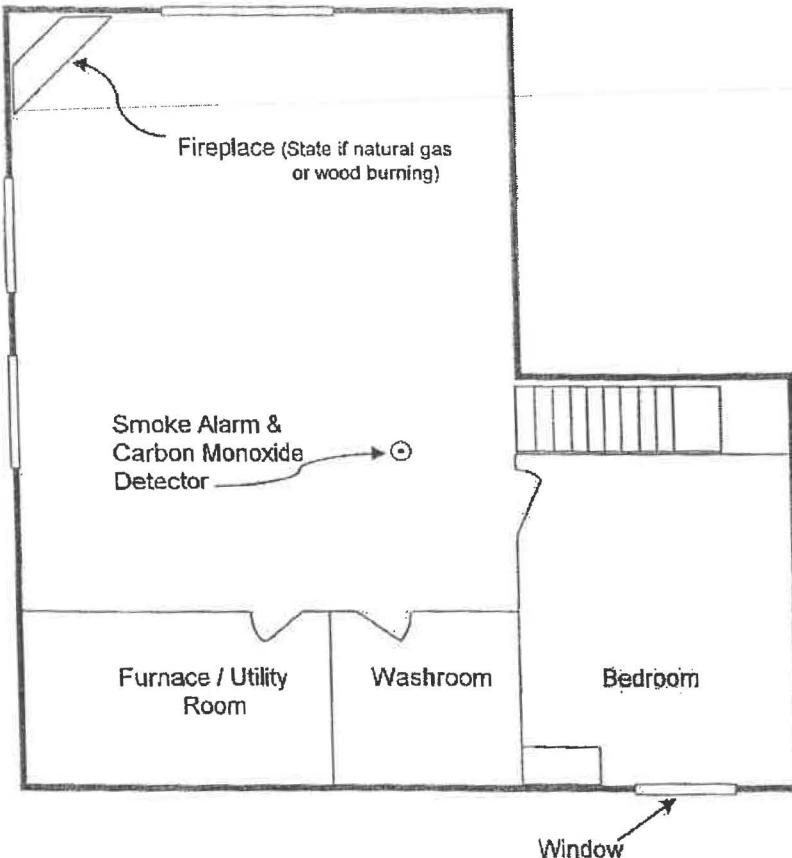


BASEMENT DEVELOPMENT WORKSHEET



Complete the following:

Area of the basement being developed: _____ ft²

Permit Name: _____

Civic Address: _____

Complete the following:

Stairs

The stairs leading into the basement must be enclosed with walls and a handrail or protected by guards on all sides not protected by a wall. Guards must be not less than 900 mm (36") measured from the nosing of the stairs.

Bedroom Windows (Window opening must be not less than .35 m² [3.8 ft²])

Style of window:

- Inswing awning
- Casement
- Slider
- Outswing awning

Size of window: _____ " x _____ "

Size of window opening: _____ " x _____ "

Smoke Alarm & Carbon Monoxide Detector

Smoke alarm and carbon monoxide detector required within 5 m (16') of the bedroom doors.

Ventilation System

The washroom must be vented to the exterior.

Connected to the house ventilation system:

Separate fan vented to the exterior:

Fireplace

Natural gas:

Wood burning:



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RESIDENTIAL MECHANICAL VENTILATION RECORD				
for certification of design and performance of residential ventilation systems				
HEATING SYSTEM COMBUSTION APPLIANCES	<input type="checkbox"/> Forced air <input type="checkbox"/> Non forced air	Roll #:	Permit #:	
	<input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Other	Lot & Plan #:	Township:	
	<input type="checkbox"/> No combustion appliances	no depressurization limit		Civic address:
	<input type="checkbox"/> Solid fuel (including fireplaces)	5 pa depress	limit	Name: R2000 ID #
	<input type="checkbox"/> Direct vent (sealed combustion) only	no depress limit		Address:
	<input type="checkbox"/> Induced draft	pa depress	limit	City: Postal code:
	<input type="checkbox"/> Natural draft or B-vent	5 pa	depressurization limit	Phone: Fax:
	<input type="checkbox"/> Clothes dryer	150 cfm (default)		Name: HRAI #
	<input type="checkbox"/> Down draft cook top	220 cfm (default)		Address:
	<input type="checkbox"/> Other: (over 150 cfm)			City: Postal code:
Depressurization test / calculation required? <input type="checkbox"/> yes <input type="checkbox"/> no				
EXHAUST EQUIPMENT	Bsmt & Master bdrm	20 cfm	cfm	I certify this ventilation system design to be in accordance with:
	Other bedrooms	10 cfm	cfm	<input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000
	Bathrooms & Kitchen	10 cfm	cfm	<input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '06 (9.32)
	Other habitable rooms	10 cfm	cfm	Signature: Date:
	TOTAL VENTILATION CAPACITY (TVC) cfm			<input type="checkbox"/> Controls functioning <input type="checkbox"/> Fans operating and clean
	Kitchens	60 cfm	cfm	<input type="checkbox"/> Filters clean <input type="checkbox"/> Flow measuring stations
	Bathrooms	20 cfm	cfm	<input type="checkbox"/> Dampers accessible <input type="checkbox"/> Insulated duct sealed
	TOTAL cfm			<input type="checkbox"/> Drain loop & connection
	Kitchens	100 cfm	cfm	<input type="checkbox"/> Distribution to all habitable rooms
	Bathrooms	50 cfm	cfm	<input type="checkbox"/> Forced air system <input type="checkbox"/> continuous mode <input type="checkbox"/> interlocked
TOTAL cfm			<input type="checkbox"/> Kitchen intake grease filter <input type="checkbox"/> Kitchen exhaust 40" to range	
<input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade				
<input type="checkbox"/> Supply intake 6' from exhaust (recommended)				
<input type="checkbox"/> Supply intake 3' from other exhaust				
Location:				
Manufacturer / Model: <input type="checkbox"/> HVI				
Design airflow: cfm high cfm low				
% sensible efficiency @ 0 °C watts				
% sensible efficiency @ -25 °C watts				
TVC system supply airflow measured: cfm high cfm low (% TVC)				
TVC system exhaust airflow measured: cfm high cfm low (% TVC)				
Name: HRAI #				
Address:				
City: Postal Code:				
Phone: Fax:				
Signature: Date:				
ADDITIONAL EQUIPMENT				
1. Location:	cfm	sones	I certify this ventilation system design to be in accordance with:	
Manufacturer / Model:	<input type="checkbox"/> TVC <input type="checkbox"/> HVI		<input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000	
2. Location:	cfm	sones	<input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '06 (9.32)	
Manufacturer / Model:	<input type="checkbox"/> TVC <input type="checkbox"/> HVI			
3. Location:	cfm	sones		
Manufacturer / Model:	<input type="checkbox"/> TVC <input type="checkbox"/> HVI			
4. Location:	cfm	sones		
Manufacturer / Model:	<input type="checkbox"/> TVC <input type="checkbox"/> HVI			
MEASURED TVC SYSTEM				
Name: HRAI #				
Address:				
City: Postal Code:				
Phone: Fax:				
Signature: Date:				
INSTALLER				
INSTALLATION CHECKLIST				
<input type="checkbox"/> TVC system supply airflow measured: cfm high cfm low (% TVC) <input type="checkbox"/> TVC system exhaust airflow measured: cfm high cfm low (% TVC) <input type="checkbox"/> TVC system design to be in accordance with: <input type="checkbox"/> CSA F326-M 91 <input type="checkbox"/> R-2000 <input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '06 (9.32)				

HRAI

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Residential Ventilation 06/07



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