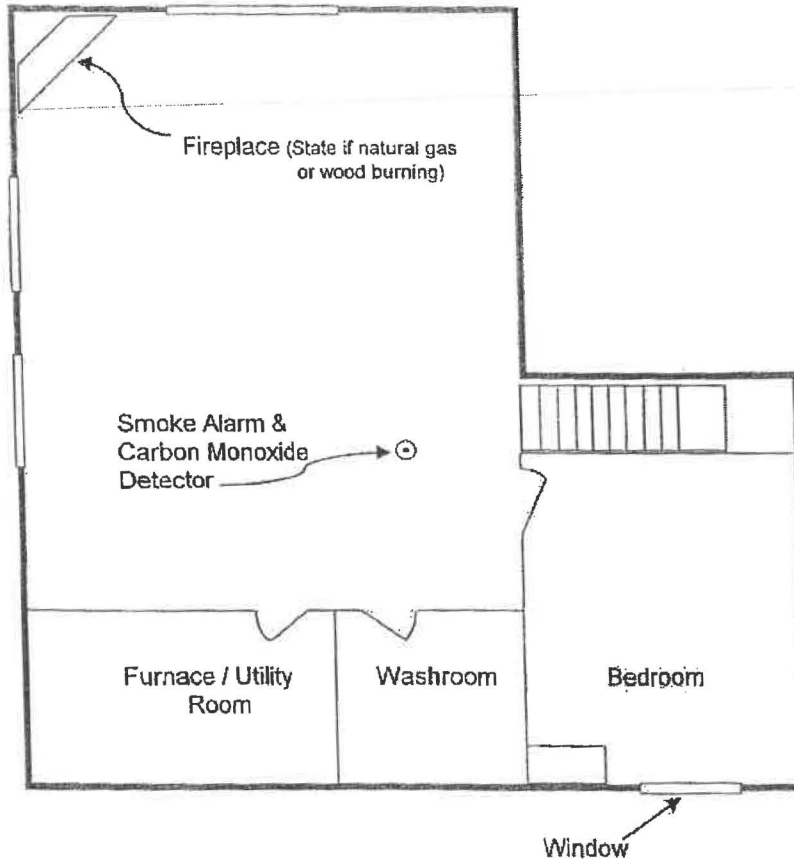


BASEMENT DEVELOPMENT WORKSHEET



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 | | W-2 |
|---|--|--|
| 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: _____ |
| EXHAUST EQUIPMENT | <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: _____ |
| TOTAL VENTILATION CAPACITY (TVC) | Depressurization test / calculation required? <input type="checkbox"/> yes <input type="checkbox"/> no | Phone: _____ Fax: _____ |
| | Basmt & 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: _____ |
| INTERMITTENT CONTINUOUS | 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 |
| TVC SYSTEM | 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 |
| | Location: _____ | <input type="checkbox"/> Exhaust 4" above grade <input type="checkbox"/> Supply 18" above grade |
| | Manufacturer / Model: _____ <input type="checkbox"/> HVI | <input type="checkbox"/> Supply intake 6" from exhaust (recommended) |
| | Design airflow: _____ cfm high _____ cfm low | <input type="checkbox"/> Supply intake 3' from other exhaust |
| ADDITIONAL EQUIPMENT | _____ % sensible efficiency @ 0 °C _____ watts | TVC system supply airflow measured: |
| | _____ % sensible efficiency @ -25 °C _____ watts | _____ cfm high _____ cfm low (_____% TVC) |
| | 1 Location: _____ cfm _____ sones | TVC system exhaust airflow measured: |
| | Manufacturer / Model: _____ <input type="checkbox"/> TVC <input type="checkbox"/> HVI | _____ cfm high _____ cfm low (_____% TVC) |
| | 2 Location: _____ cfm _____ sones | Name: _____ HRAI #: _____ |
| MEASURED TVC SYSTEM | Manufacturer / Model: _____ <input type="checkbox"/> TVC <input type="checkbox"/> HVI | Address: _____ |
| | 3 Location: _____ cfm _____ sones | City: _____ Postal Code: _____ |
| | Manufacturer / Model: _____ <input type="checkbox"/> TVC <input type="checkbox"/> HVI | Phone: _____ Fax: _____ |
| | 4 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 |
| | | <input type="checkbox"/> NBC '05 (9.32) <input type="checkbox"/> OBC '06(9.32) <input type="checkbox"/> BCBC '06 (9.32) |
| | | Signature: _____ Date: _____ |

HRAI

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Residential Ventilation

08/07



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