City of Saskatoon

BUILDING STANDARDS
222 3rd AVE NORTH, SASKATOON, SK S7K 0J5

A

VENTILATION CERTIFICATION AND VERIFICATION

HRV interconnected to forced air furnace

Project Address:	
Builder Name:	BP #:

Please initial all applicable boxes and fill in all required information. It is the responsibility of the builder and ventilation contactor to ensure this certification is attached to the furnace prior to the request for the final inspection.

PRINCIPAL VENTILATION FAN

Normal Operating Exhaust Capacity (NOEC) of Principal Ventilation Fan (1 L/s = 2.119 cfm)

Number of bedrooms	1	2	3	4	5
Minimum capacity (L/s)	16	18	22	26	30
Maximum capacity (L/s)	24	28	32	38	45

Number of bedrooms: _____

Location of Exhaust Air Inlets: _____ (room name) _____ (room name)

_____ (room name) _____ (room name)

Initial

☐ The principal ventilation fan is capable of operation at an exhaust capacity complying with the table above

☐ The HRV has been balanced to ensure that the outdoor supply air is within 10% of the normal operating exhaust capacity

☐ Activation of the principal ventilation fan automatically activated the forced air heating system's circulation fan

MEASURED AIR FLOWS

Actual exhaust air : _____ L/s

Actual supply air: _____ L/s

High speed : _____ L/s

If the principal ventilation fan exhausts from the kitchen and other rooms, the high speed must be at least 2.5 times the minimum required capacity

ADDITIONAL EXHAUST FANS

Room: _____ Capacity= _____ L/s

Room: _____ Capacity= _____ L/s

The minimum capacity of the kitchen exhaust fan is 50 L/s when not part of the principal ventilation system.

SUPPLIMENTAL SUPPLY FANS

Room: _____ Capacity= _____ L/s

Room: _____ Capacity= _____ L/s

Initial

☐ Activation of the appliance requiring supplemental supply air activates the supplemental supply air fan

☐ Supply air is heated to 12°C before being circulated to habitable space

CERTIFICATION

I declare that this system has been installed in accordance with requirements of Sections 9.32 and 9.33 of the 2015 National Building Code of Canada

Installing Company: _____

Ventilation Contractor: _____

Signature: _____

Date: _____

Phone Number: _____

Email Address: _____

HRAI/ ASHRAE #: _____

At the final inspection, this form is to be completed and attached to the furnace. A second completed form shall be submitted to the inspector. A balance report may be requested and the inspector may request that they be present during the test.

This form can be submitted directly to Building Standards at inspections@saskatoon.ca

UPDATED 03/01/2019