



## F.A.Q.

### Question:

**Do Building Codes Require the use of verified CSA-F280-12 Software?**

### Quick Answer:

Yes, all Canadian Building Codes require the use of CSA F280-12 to select Heating & Cooling equipment. CSA F280-12, requires that any software claiming to provide results according to the standard be verified according to the procedure set out in the standard. A listing of verified software can be found at: [www.hvacdc.ca/Software](http://www.hvacdc.ca/Software)

### Detailed Answer:

The use of CSA F280-12 is required to determine the capacity of residential heating and cooling equipment by:

Ontario Building Code-2024: 9.33.4.1.(1) & 9.33.5.1.(3)

National Building Code-2020: 9.33.5.1, 9.36.3.2., 9.36.5.15(5) & 9.36.8.9.(1)

National Building Code-2015: 9.33.5.1, 9.36.3.2. & 9.36.5.15

British Columbia Building Code: 9.33.5.1.(1)

Quebec Building Code: 9.33.5.1.(1)

All of the Codes refer to the F280-12 version of the standard.

The CSA F280-12 standard contains the following sentence:

**8.1.2.(a) Software systems that claim to conform to the CSA F280 calculation procedure shall be verified according to the procedure set out in Clause 8.** (Clause 8 is the verification section of the Standard).

CSA decided to include the verification section after testing showed that several Software Systems in use in Canada which claimed to conform to the F280-12 Standard did not produce results consistent with the standard. For heat loss, whole house errors of up to 30% were observed, with individual rooms showing up to 50% differences. For cooling, the differences between software and expected results could result in the selection of incorrectly sized equipment

A verification system was established in 2024 and now lists eight verified software. Additional software is in the process of being verified. Verified Software may be identified by going to the web listing at [www.hvacdc.ca/Software](http://www.hvacdc.ca/Software) and can be recognized by the three page results form attached to this FAQ. The cover page will cite the verification status of the software and may include the 'Verified' logo



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HVAC Designers of Canada

[www.HVACDC.ca](http://www.HVACDC.ca)

|                                                                                                                                                                                                                                                                                            |                                                                |                                                                                                                                               |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| CSA STANDARD F280-12 COMPLIANCE                                                                                                                                                                                                                                                            |                                                                | CSA F280-12<br>Form Set Ver 24.10                                                                                                             |  |
| NBC 2015: 9.33.5.1.; 9.36.3.2. & 9.36.5.15; NBC 2020; 9.33.5.1.; 9.36.3.2.; 9.36.5.15 (5); 9.36.8.9. (1);                                                                                                                                                                                  |                                                                |                                                                                                                                               |  |
| These documents issued for the use of _____<br>and may not be used by any other persons without authorization. Documents for permit and/or construction are signed in red.                                                                                                                 |                                                                | PROJECT # _____                                                                                                                               |  |
| BUILDING LOCATION                                                                                                                                                                                                                                                                          |                                                                |                                                                                                                                               |  |
| Model: _____                                                                                                                                                                                                                                                                               | Site: _____                                                    |                                                                                                                                               |  |
| Address: _____                                                                                                                                                                                                                                                                             | Lot: _____                                                     |                                                                                                                                               |  |
| City & Province: _____                                                                                                                                                                                                                                                                     | Postal Code: _____                                             |                                                                                                                                               |  |
| COMPLIANCE                                                                                                                                                                                                                                                                                 |                                                                | (See page 2 for input summary and page 3 for room by room values)                                                                             |  |
| Submittal is for: <input type="checkbox"/> Whole house <input type="checkbox"/> Room by Room                                                                                                                                                                                               |                                                                | Units: <input type="checkbox"/> Imperial <input type="checkbox"/> Metric                                                                      |  |
| HEATING                                                                                                                                                                                                                                                                                    |                                                                |                                                                                                                                               |  |
| Minimum Heating Capacity: _____                                                                                                                                                                                                                                                            |                                                                | btuh (total building heat loss as per 5.2.7) _____                                                                                            |  |
| 5.3.1 The total heat output capacity of all heating systems installed in a building shall not be less than 100% of the total building heat loss as determined in Clause 5.2.7.                                                                                                             |                                                                |                                                                                                                                               |  |
| 5.3.2 The combined heating delivery of the heating systems that serve a room or space shall not be less than 100% of the space heat loss , as determined in Clause 5.2.6.. (If room by room submittal, see page 2 for individual space heating requirements)                               |                                                                |                                                                                                                                               |  |
| COOLING                                                                                                                                                                                                                                                                                    |                                                                |                                                                                                                                               |  |
| Nominal Cooling Capacity: _____                                                                                                                                                                                                                                                            |                                                                | btuh (Nominal Cooling Capacity as per 6.3.1) _____                                                                                            |  |
| Minimum Cooling Capacity: _____                                                                                                                                                                                                                                                            |                                                                | Maximum Cooling Capacity: _____                                                                                                               |  |
| 6.3.2 Except as provided in Clause 6.3.3., the cooling system capacity shall not be less than 80% of the nominal cooling capacity for the building, as determined in Clause 6.3.1.. In no case shall it be less than the nominal cooling capacity of the building minus 1800 W (0.51 tons) |                                                                |                                                                                                                                               |  |
| 6.3.3 Where the cooling system is added to an existing heating system, it's capacity in Watts shall not exceed 18 times the capacity of the air-handling capacity of the existing system in L/s. (Cooling capacity in Tons not more than 1.0 per 400 CFM of air handling capacity)         |                                                                |                                                                                                                                               |  |
| 6.3.4 Except for ground-source and water source heat pumps used for cooling, and as permitted in Clause 6.3.5, the installed cooling capacity shall not exceed 125% of the nominal cooling capacity for the building, as determined in Clause 6.3.1.                                       |                                                                |                                                                                                                                               |  |
| 6.3.5 If the nominal cooling system capacity for the building, as determined in Clause 6.3.1. is less than 6,000 W (1.7 tons), the installed cooling system capacity may exceed the nominal cooling system capacity for the building by up to 1750 W (0.49 tons).                          |                                                                |                                                                                                                                               |  |
| ATTACHED DOCUMENTS                                                                                                                                                                                                                                                                         |                                                                |                                                                                                                                               |  |
| <input checked="" type="checkbox"/> Design Summary <input type="checkbox"/> Room by Room Results Other: _____                                                                                                                                                                              |                                                                |                                                                                                                                               |  |
| Other: _____                                                                                                                                                                                                                                                                               |                                                                |                                                                                                                                               |  |
| Notes: _____                                                                                                                                                                                                                                                                               |                                                                |                                                                                                                                               |  |
| CALCULATIONS PERFORMED BY                                                                                                                                                                                                                                                                  |                                                                |                                                                                                                                               |  |
| Name: _____                                                                                                                                                                                                                                                                                | Designers Signature, Stamp Imprint or other certification mark | I, _____ have reviewed and take responsibility for the design work described in this document & I am qualified in the appropriate categories. |  |
| Company: _____                                                                                                                                                                                                                                                                             |                                                                | Accreditation Reference 1                                                                                                                     |  |
| Address: _____                                                                                                                                                                                                                                                                             |                                                                | Accreditation Reference 2                                                                                                                     |  |
| City & Prov.: _____                                                                                                                                                                                                                                                                        |                                                                | Issued for: (date)                                                                                                                            |  |
| Postal Code: _____                                                                                                                                                                                                                                                                         |                                                                | Issued for: (date)                                                                                                                            |  |
| Phone: _____                                                                                                                                                                                                                                                                               |                                                                | Page: 1 of                                                                                                                                    |  |
| Fax: _____                                                                                                                                                                                                                                                                                 |                                                                |                                                                                                                                               |  |
| E-mail: _____                                                                                                                                                                                                                                                                              |                                                                |                                                                                                                                               |  |
| Area for Software vendors information, logo, contact info, version number etc                                                                                                                                                                                                              |                                                                | HVAC DESIGNERS OF CANADA<br>VERIFIED F280 SOFTWARE                                                                                            |  |

|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
|-----------------------------------------------------------------------------------------------------------------------------|--|--------------------|-----------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| CSA F280-12 INPUT SUMMARY                                                                                                   |  |                    |                       |                           | CSA F280-12<br>Form Set Ver 24.10                                                                                                        |               |
| These documents issued for the use of _____                                                                                 |  |                    |                       |                           | PROJECT #                                                                                                                                |               |
| and may not be used by any other persons without authorization. Documents for permit and/or construction are signed in red. |  |                    |                       |                           | 1                                                                                                                                        | 2             |
| BUILDING LOCATION                                                                                                           |  |                    |                       |                           |                                                                                                                                          |               |
| Model:                                                                                                                      |  |                    | Site:                 |                           | Lot:                                                                                                                                     |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Address:                                                                                                                    |  |                    | City/<br>Prov         |                           | Post.<br>Code:                                                                                                                           |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| CALCULATION BASED ON (See Following Page For Results)                                                                       |  |                    |                       |                           |                                                                                                                                          |               |
| Dimensional Info<br>Based On:                                                                                               |  |                    |                       |                           |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Attachment:                                                                                                                 |  |                    | Front Facing:         |                           | Assumed?                                                                                                                                 |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| # of Stories:                                                                                                               |  |                    | Air Tightness:        |                           | Assumed?                                                                                                                                 |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Weather<br>Location:                                                                                                        |  |                    | Internal<br>Shading:  |                           | Assumed?                                                                                                                                 |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Wind Exposure,<br>Site:                                                                                                     |  |                    | Occupants:            |                           | Assumed?                                                                                                                                 |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Wind Sheltering,<br>Building                                                                                                |  |                    | Ventilated?<br>Yes/No |                           | HRV/ERV?<br>Yes/No                                                                                                                       |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Units: <input type="checkbox"/> Imperial <input type="checkbox"/> Metric                                                    |  |                    | ASE %:                |                           | ATRE %:                                                                                                                                  |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| HEATING DESIGN CONDITIONS                                                                                                   |  |                    |                       | COOLING DESIGN CONDITIONS |                                                                                                                                          |               |
| Outdoor Temp:                                                                                                               |  | Indoor Temp:       |                       | Mean Soil Temp:           |                                                                                                                                          | Outdoor Temp: |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          | Range:        |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Soil Conductivity                                                                                                           |  | Water Table Depth: |                       | Slab Fluid Temp:          |                                                                                                                                          | Indoor Temp:  |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          | latitude:     |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| ABOVE GRADE WALLS                                                                                                           |  |                    |                       | BELOW GRADE WALLS         |                                                                                                                                          |               |
| Style A:                                                                                                                    |  |                    |                       | Style A:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style B:                                                                                                                    |  |                    |                       | Style B:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style C:                                                                                                                    |  |                    |                       | Style C:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| CEILINGS                                                                                                                    |  |                    |                       | FLOORS ON SOIL            |                                                                                                                                          |               |
| Style A:                                                                                                                    |  |                    |                       | Style A:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style B:                                                                                                                    |  |                    |                       | Style B:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style C:                                                                                                                    |  |                    |                       | Style C:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| WINDOWS                                                                                                                     |  |                    |                       | EXPOSED FLOORS            |                                                                                                                                          |               |
| Style A:                                                                                                                    |  |                    |                       | Style A:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style B:                                                                                                                    |  |                    |                       | Style B:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style C:                                                                                                                    |  |                    |                       | Style C:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| SKYLIGHTS                                                                                                                   |  |                    |                       | DOORS                     |                                                                                                                                          |               |
| Style A:                                                                                                                    |  |                    |                       | Style A:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style B:                                                                                                                    |  |                    |                       | Style B:                  |                                                                                                                                          |               |
|                                                                                                                             |  |                    |                       |                           |                                                                                                                                          |               |
| Style C:                                                                                                                    |  |                    |                       | Style C:                  |                                                                                                                                          |               |
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| ROOM by ROOM CALCULATION RESULTS                                                                                                                                           |                          |                                                                                                                                             | CSA F280-12<br>Form Set Ver 24.10 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| These documents issued for the use of _____<br>and may not be used by any other persons without authorization. Documents for permit and/or construction are signed in red. |                          | PROJECT #                                                                                                                                   |                                   |
| BUILDING LOCATION                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| Model: _____<br>3                                                                                                                                                          | Site: _____<br>6         | Lot: _____<br>7                                                                                                                             |                                   |
| Address: _____<br>4                                                                                                                                                        | City/<br>Prov _____<br>5 | Post.<br>Code: _____<br>8                                                                                                                   |                                   |
| 70 CALCULATION RESULTS - ROOM by ROOM                                                                                                                                      |                          |                                                                                                                                             |                                   |
| #                                                                                                                                                                          | Room Name<br>71          | Heating (Btu/h)<br>72                                                                                                                       | Cooling (Btu/h)<br>73             |
| 1                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 2                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 3                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 4                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 5                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 6                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 7                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 8                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 9                                                                                                                                                                          |                          |                                                                                                                                             |                                   |
| 10                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 11                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 12                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 13                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 14                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 15                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 16                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 17                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 18                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 19                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 20                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 21                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 22                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 23                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 24                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 25                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 26                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 27                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 28                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 29                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 30                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 31                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 32                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 33                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 34                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 35                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 36                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 37                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 38                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| 39                                                                                                                                                                         |                          |                                                                                                                                             |                                   |
| Ventilation Loss (if separate) <sup>74</sup> & Latent Gain (if separate, value or multiplier) <sup>75</sup>                                                                |                          | Btu/h                                                                                                                                       | Btu/h                             |
| Total Building Loss (5.2.7) & Nominal Cooling Capacity (6.3.1.)                                                                                                            |                          | Btu/h                                                                                                                                       | Btu/h                             |
| See page 1 for heating & Cooling System Capacity Limits                                                                                                                    |                          | issued: _____<br>76                                                                                                                         | Page: 3 of 3                      |
| Area for Software vendors information, logo, contact info, version number etc                                                                                              |                          | 63  HVAC DESIGNERS OF CANADA<br>VERIFIED F280 SOFTWARE |                                   |