



Envelope Leakage Test Report

(Blower Door Test)

R402.4.1.2 Compliance

Permit #:

Job Information

Builder: _____ Community: _____ Lot: _____

Address: _____ Unit: _____

City: _____ State: FL Zip: _____

Air Leakage Test Results *Passing results must be 7 ACH(50) or less*

_____ x 60 ÷ _____ = _____
 CFM(50) Building Volume ACH(50)

PASS FAIL

Method for calculating building volume:

- Retrieved from architectural plans
- Code software calculated
- Field measured and calculated

When ACH(50) is equal to or less than 3, Mechanical Ventilation installation must be verified by building department.

Certification of Test Results

R402.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure or 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an *approved* third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of all penetrations of the *building thermal envelope*.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 5th Edition Florida Building Code Energy Conservation requirements Section R402.4.1.2, Climate Zone 1 and 2.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____

Duct Leakage Test Report

Prescriptive or Performance Method

Permit #: _____

Job Information

Builder: _____ Community: _____ Lot: _____

Address: _____ Unit: _____

City: _____ State: FL Zip: _____

Duct Leakage Test Results **Prescriptive Method** **Performance Method**

System 1	_____ cfm25
System 2	_____ cfm25
System 3	_____ cfm25
Sum of any additional systems	_____ cfm25
Total of all systems	_____ cfm25

Prescriptive Method cfm25 (Total)
 To qualify as "substantially leak free" Qn must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Qn Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.2.2

Performance Method cfm25 (Out or Total)
 To qualify as "substantially leak free" Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2014

$$\frac{\text{Total of all systems}}{\text{Total Conditioned Square Footage}} = \text{_____ } Q_n$$

Leakage Type selected on Form R405-2014 (Energy Calc)

Qn specified on Form R405-2014 (Energy Calc)

PASS **FAIL**

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above duct leakage testing results are in accordance with the Florida Building Code requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____