



# 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*

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \text{ACH}(50) = \text{ACH}(50)$$

PASS       FAIL

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

**Method for calculating building volume:**  
 Retrieved from architectural plans  
 Code software calculated  
 Field measured and calculated

#### 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
<b>Total of all systems</b>	_____ 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: \_\_\_\_\_