



This completed form is required for **all** New 1 & 2 Family Dwellings, Townhouses and **all** mechanical projects that include installing and or replacing duct systems for the same type of dwellings.

Job Address: _____ Permit # _____ Date: _____

Final results: Duct Leakage: PASS FAIL **Envelope Leakage:** PASS FAIL

DUCT LEAKAGE TESTING VERIFICATION
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Conditioned Floor Area (sq ft): _____ Source Plans Measured Provided by builder

Choose option used for compliance: per 2015 IECC Section R403.3.4, system tested @ 25 Pascals across, including the manufacturer's air handler enclosure.

Rough-In Test Option duct leakage (floor area sq ft X .04 = _____) was _____ CFM (with air handler)

Post Construction Option duct leakage (floor area sq ft X .04 = _____) was _____ CFM

I certify that I have conducted a **duct blaster test and it has passed the requirements of the 2015 International Energy Conservation Code**. I further certify that I am certified to perform duct testing leakage testing certified by national or state organizations as approved by the building official. I certify I am an independent third- party entity, and have not installed the HVAC system; nor am I employed or have any financial interest in the company that constructs the structure.

Certification Number: Agency: _____

Signature of Inspector/ Testing Technician: _____

Printed Name of Inspector/ Testing Technician: _____

BUILDING THERMAL ENVELOPE LEAKAGE TESTING VERIFICATION

Compliance requirements: per 2015 IECC Section R402.4.1.2, building thermal envelope tested @ 50 Pascals in accordance with ASTM E 779 or ASTM E 1827 to verify air leakage.

Calculations: Sq Ft _____ Volume: _____ CFM@50 _____ CFH@50 _____

Building Thermal Envelope Leakage Testing: Results of test: _____ air changes per hour. (3 ACH max)

I certify that I have conducted an **air leakage test and it has passed the requirements of the 2015 International Energy Conservation Code**. I further certify that I am certified to perform air infiltration testing certified by national or state organizations as approved by the building official. I certify I am an independent third- party entity, I am not employed or have any financial interest in the company that constructs the structure.

Certification Number: _____

Signature of Inspector/ Testing Technician: _____

Printed Name of Inspector/ Testing Technician: _____

This form must be on site at time of final inspection.