



# Blower Door Test

The 5<sup>th</sup> Edition Florida Building Code Blower Door Test effective July 1, 2017 is mandating air infiltration testing by pressurization blower door testing for all new construction of Residential Buildings (FBC-EC R402.4.1.2).

**Residential Building** for this code includes R-3 buildings, as well as R-2 and R-4 buildings three stories or less in height above grade plane. (R-3 Detached one-and two-family dwellings, townhouses; R-2 condominiums, apartment houses; R-4 residential care/assisted living facilities)

Volusia County Building Division requirements:

1. 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), (h), (i) or an approved third party.
2. Qualification – submittal of documentation including certification from a recognized organization indicating completion of educational training and instruction in the use, operation and evaluation relating to air leakage with the Blower Door Test method.
3. A completed Blower Door Test form signed by the party conducting the test must be submitted and approved prior to scheduling the final inspection. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

## **Authorized Third Party**

- ❖ Class A or B A/C contractor or Mechanical contractor
- ❖ RESNET approved HERS Rater or Residential Field Inspector
- ❖ BPI approved Building Analyst or Energy Auditor
- ❖ Professional Engineer
- ❖ Others as accepted & approved by the Building Official

For any questions, please contact Randy Roberts (Chief Plans Examiner) @ (386)736-5959 x12366



Permit #:

Blower Door Test Form

Job Information

Builder: \_\_\_\_\_

Community: \_\_\_\_\_ Lot #: \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Air Infiltration Test Results

CFM(50) = \_\_\_\_\_ Volume = \_\_\_\_\_

ACH(50) = CFM(50) X 60 / Volume = \_\_\_\_\_

Pass

Fail **Passing results must be 7 ACH(50) or less**

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), (h), (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.

Authorized Third Party

I hereby certify the above results and that I hold the below certification:

\_\_\_\_ Class A or B A/C contractor or Mechanical contractor License No. \_\_\_\_\_

\_\_\_\_ RESNET approved HERS Rater or Residential Field Inspector Certification No. \_\_\_\_\_

\_\_\_\_ BPI approved Building Analyst or Energy Auditor Certification No. \_\_\_\_\_

\_\_\_\_ Professional Engineer License No. \_\_\_\_\_

Mechanical ventilation has been added: Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



**GROWTH AND RESOURCE MANAGEMENT**

Building and Zoning  
123 West Indiana Avenue  
Deland, FL 32720  
(386) 736-5929 Fax (386) 943-7096

To: The County of Volusia  
Building Activity

Permit #: \_\_\_\_\_

I understand that a completed Blower Door Test form signed by the party conducting the test must be submitted and approved prior to scheduling the final inspection. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

Further affiant saith not.

\_\_\_\_\_  
Affiant – Signed and Sealed

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_  
Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida signature

\_\_\_\_\_  
(Print, type or stamp name)

Personally known \_\_\_\_\_ or  
Produced Identification \_\_\_\_\_  
Type of identification produced  
\_\_\_\_\_

Commission No.: \_\_\_\_\_