



Permit #:

Blower Door Test Form

Job Information

Builder: _____

Community: _____ Lot #: _____

Address: _____ Unit #: _____

City, State, Zip: _____

Air Infiltration Test Results

CFM(50) = _____ Volume = _____

ACH(50) = $\text{CFM}(50) \times 60 / \text{Volume}$ = _____

☐ 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 of 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: _____