

Duct Leakage Test Report

Residential Prescriptive, Performance or ERI Method Compliance
2017 Florida Building Code, Energy Conservation, 6th Edition

Jurisdiction:	Permit #:
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Job Information

Builder:	Community:	Lot:
Address:		
City:	State:	Zip:

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

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

Prescriptive Method cfm25 (Total)

To qualify as "substantially leak free" Qn Total 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 R403.3.3.

Is the air handler unit installed during testing? YES (^{≤.04}/_{Qn}) NO (^{≤.03}/_{Qn})

Performance/ERI Method cfm25 (Out or Total)

To qualify using this method, Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2017 or R406-2017.

<i>Leakage Type selected on Form</i>	<i>Qn specified on Form</i>
<i>R405-2017 (EnergyCalc) or R406-2017</i>	<i>R405-2017 (EnergyCalc) or R406-2017</i>

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_____ ÷ _____ = _____ Qn
Total of all systems Total Conditioned Square Footage

PASS **FAIL**

Duct tightness shall be verified by testing in accordance with ANSI/RESNET/ICC380 by either individuals as defined in Section 553.993(5) or (7), Florida Statutes, or individuals licensed as set forth in Section 489.105(3)(f), (g) or (i), Florida Statutes.

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.

Signature of Tester: _____ Date of Test: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____