COLUMBIA COUNTY BUILDING DEPARTMENT
Blower Door Test Results Form

Date: ____________________                              Permit Number: ______________________
Job Address: _______________________________________________________________________

**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, and 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), Florida Statutes 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.

I hereby certify that the above Air Infiltration Test results demonstrate compliance with Florida Energy Code requirements in accordance with the 5th Edition 2014 Florida Building Code-Energy Conservation R402.4.1.2.

**AIR INFILTRATION TEST RESULTS**

<table>
<thead>
<tr>
<th>CFM (50)</th>
<th>Volume</th>
<th>ACH (50)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CFH (50)</td>
<td>X 60 / Volume</td>
<td>________________</td>
</tr>
</tbody>
</table>

☐ PASS  ☐ FAIL

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I hereby certify that the above Air Infiltration Test results demonstrate compliance with Florida Energy Code requirements in accordance with the 5th Edition 2014 Florida Building Code-Energy Conservation R402.4.1.2.

Testing Company Name: _________________________________________________________________
Tester Name: ___________________________ Lic./Cert.#: _____________________________
Tester Signature: _____________________________________________________________________

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