

Blower Door Test Form**Job Information**Builder: Aaron Marc CompanyCommunity: Residential (Rose Creek)Lot #: 6Address: 205 SW Governors Glen

Unit #: _____

City, State, Zip: Lake City FL**Air Infiltration Test Results**CFM(50) = 3806 Volume = 33066ACH(50) = CFM(50) X 60 / Volume = 6.91☒ 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), or (h) 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 InspectorCertification No. 24099520

____ BPI approved Building Analyst or Energy Auditor

Certification No. _____

____ Professional Engineer

License No. _____

Mechanical ventilation has been added: Yes _____ No _____

Signature: Nicholas GauthierPrinted Name: Nicholas GauthierDate: 12-29-21 ⁷⁶ 12-4-21