

Envelope Leakage Test Report (Blower Door Test)

Residential Prescriptive, Performance or ERI Method Compliance

2020 Florida Building Code, Energy Conservation, 7th Edition

Jurisdiction:	Permit #:
Job Information	
Builder: Rhett Smitley	Community: Lot: 2
Address:	
City: Lake City	State: FL Zip: 32024
Air Leakage Test Results <i>Passing results must meet either the Performance, Prescriptive, or ERI Method</i>	
<input type="radio"/> PRESCRIPTIVE METHOD -The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 Pascals) in Climate Zones 1 and 2.	
<input checked="" type="radio"/> PERFORMANCE or ERI METHOD -The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on Form R405-2020 (Performance) or R406-2020 (ERI), section labeled as infiltration, sub-section ACH50. ACH(50) specified on Form R405-2020-Energy Calc (Performance) or R406-2020 (ERI): 5.000	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> $\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \frac{15084}{\text{ACH}(50)} =$ <div style="border: 1px solid black; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 10px auto;"> PASS </div> <input type="checkbox"/> When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department. </div> <div style="width: 35%;"> Method for calculating building volume: <input type="radio"/> Retrieved from architectural plans <input checked="" type="radio"/> Code software calculated <input type="radio"/> Field measured and calculated </div> </div>	
<p>R402.4.1.2 Testing. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch 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.</p> <p>During testing:</p> <ol style="list-style-type: none"> 1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures. 2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures. 3. Interior doors, if installed at the time of the test, shall be open. 4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed. 5. Heating and cooling systems, if installed at the time of the test, shall be turned off. 6. Supply and return registers, if installed at the time of the test, shall be fully open. 	
Testing Company	
Company Name: _____ Phone: _____ I hereby verify that the above Air Leakage results are in accordance with the 2020 7th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above.	
Signature of Tester: _____ Date of Test: _____	
Printed Name of Tester: _____	
License/Certification #: _____ Issuing Authority: _____	

Envelope Leakage Test Report (Blower Door Test)

Residential Prescriptive, Performance or ERI Method Compliance

2020 Florida Building Code, Energy Conservation, 7th Edition

Jurisdiction:	Permit #:
Job Information	
Builder: Trent Giebeig	Community: Lot: 4
Address: Anyplace	
City: Lake City	State: FL Zip: 32055
Air Leakage Test Results <i>Passing results must meet either the Performance, Prescriptive, or ERI Method</i>	
<input type="radio"/> PRESCRIPTIVE METHOD -The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour at a pressure of 0.2 inch w.g. (50 Pascals) in Climate Zones 1 and 2.	
<input type="radio"/> PERFORMANCE or ERI METHOD -The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding the selected ACH(50) value, as shown on Form R405-2020 (Performance) or R406-2020 (ERI), section labeled as infiltration, sub-section ACH50. ACH(50) specified on Form R405-2020-Energy Calc (Performance) or R406-2020 (ERI): 7.000	
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> $\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div 5.295475E32 = \text{ACH}(50)$ <div style="display: flex; align-items: center; margin-top: 10px;"> <input style="width: 30px; height: 30px; border: 1px solid black; margin-right: 10px;" type="checkbox"/> PASS </div> <div style="margin-top: 10px;"> <input type="checkbox"/> When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department. </div> </div> <div style="width: 35%;"> <p>Method for calculating building volume:</p> <input type="radio"/> Retrieved from architectural plans <input checked="" type="radio"/> Code software calculated <input type="radio"/> Field measured and calculated </div> </div>	
<p>R402.4.1.2 Testing. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), <i>Florida Statutes</i>, 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 <i>building thermal envelope</i>.</p> <p>During testing:</p> <ol style="list-style-type: none"> 1. Exterior windows and doors, fireplace and stove doors shall be closed, but not sealed, beyond the intended weatherstripping or other infiltration control measures. 2. Dampers including exhaust, intake, makeup air, back draft and flue dampers shall be closed, but not sealed beyond intended infiltration control measures. 3. Interior doors, if installed at the time of the test, shall be open. 4. Exterior doors for continuous ventilation systems and heat recovery ventilators shall be closed and sealed. 5. Heating and cooling systems, if installed at the time of the test, shall be turned off. 6. Supply and return registers, if installed at the time of the test, shall be fully open. 	
Testing Company	
<p>Company Name: _____ Phone: _____</p> <p>I hereby verify that the above Air Leakage results are in accordance with the 2020 7th Edition Florida Building Code Energy Conservation requirements according to the compliance method selected above.</p> <p>Signature of Tester: _____ Date of Test: _____</p> <p>Printed Name of Tester: _____</p> <p>License/Certification #: _____ Issuing Authority: _____</p>	

Duct Leakage Test Report

Residential Prescriptive, Performance or ERI Method Compliance

Jurisdiction:	Permit #:												
Job Information													
Builder: Trent Giebeig	Community: Lot: 4												
Address: Anyplace													
City: Lake City	State: FL Zip: 32055												
Duct Leakage Test Results													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px 5px;">System 1</td><td style="padding: 2px 5px;">_____ cfm25</td></tr> <tr><td style="padding: 2px 5px;">System 2</td><td style="padding: 2px 5px;">_____ cfm25</td></tr> <tr><td style="padding: 2px 5px;">System 3</td><td style="padding: 2px 5px;">_____ cfm25</td></tr> <tr><td style="padding: 2px 5px;">Sum of others</td><td style="padding: 2px 5px;">_____ cfm25</td></tr> <tr><td style="padding: 2px 5px;">Total of all</td><td style="padding: 2px 5px;">_____ cfm25</td></tr> </table> <div style="margin-top: 10px;"> $\frac{\text{Total of all systems}}{\text{Total Conditioned Square Footage}} \div \frac{1600}{\text{Total Conditioned Square Footage}} = \text{_____ Qn}$ </div> <div style="margin-top: 10px;"> <div style="display: inline-block; width: 45%; text-align: center;"> <input type="checkbox"/> PASS </div> <div style="display: inline-block; width: 45%; text-align: center;"> <input type="checkbox"/> FAIL </div> </div>	System 1	_____ cfm25	System 2	_____ cfm25	System 3	_____ cfm25	Sum of others	_____ cfm25	Total of all	_____ cfm25	<div style="margin-bottom: 10px;"> <input type="radio"/> 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. <i>Is the air handler unit installed during testing?</i> <input type="checkbox"/> YES ($\leq 0.04_{Qn}$) <input type="checkbox"/> NO ($\leq 0.03_{Qn}$) </div> <div> <input type="radio"/> Performance/ERI Method cfm25 (Out or Total) To qualify using this method, Qn must not be greater than the <i>Leakage Type selected on Form</i> <table style="width: 100%;"> <tr> <td style="width: 60%; border: 1px solid black; padding: 5px;">Proposed Qn</td> <td style="width: 40%; border: 1px solid black; padding: 5px;">0.04</td> </tr> </table> </div>	Proposed Qn	0.04
System 1	_____ cfm25												
System 2	_____ cfm25												
System 3	_____ cfm25												
Sum of others	_____ cfm25												
Total of all	_____ cfm25												
Proposed Qn	0.04												
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: _____													