



DUCT LEAKAGE TEST REPORT

Residential Prescriptive, Performance or ERI Method Compliance 2020 Florida Building Code, Energy Conservation, 7th Edition

| | | | |
|---|--|---|--------------------------|
| Jurisdiction: _____ | | Permit #: _____ | |
| Job Information: | | | |
| Builder: _____ | | Community: _____ | Lot #: _____ |
| Address: _____ | | | |
| City: _____ | | State: FL | Zip: _____ |
| Duct Leakage Test Results | | | |
| | | ○ Prescriptive Method | ○ Performance/ERI Method |
| System 1 _____ cfm25 | | <input type="radio"/> Prescriptive Method cfm 25 (Total) To qualify as "substantially leak free", Q_n Total must be less than 0.04 if air handler is installed. If air handler unit is not installed, Q_n 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 (=0.04 Q_n) <input type="checkbox"/> NO (=0.03 Q_n) | |
| System 2 _____ cfm25 | | | |
| System 3 _____ cfm 25 | | | |
| Sum of any Others _____ cfm 25 | | | |
| Total of all _____ cfm 25 | | <input type="radio"/> Performance/ERI Method cfm25 (Out or Total) To qualify using this method, Q_n must not be greater than the proposed duct leakage Q_n specified on Form R405-2020 or R406-2020. Leakage Types select on Form R405-2020 (Energy Calc) or R406-2020 <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Q_n specified on Form R405-2020 (Energy Calc) or R406-2020 <input style="width: 100px; height: 20px;" type="text"/> </div> <div style="text-align: center;"> Q_n specified on Form R405-2020 (Energy Calc) or R406-2020 <input style="width: 100px; height: 20px;" type="text"/> </div> </div> | |
| _____ + _____ = _____ Q_n Total of all Systems Total Conditioned Square Footage | | | |
| <input type="checkbox"/> PASS <input type="checkbox"/> 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 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 the Performance Method. | | | |
| Signature of Tester: _____ | | Date of Test: _____ | |
| Printed Name of Tester: _____ | | | |
| License/Certification #: _____ | | Issuing Authority: _____ | |