Blower Door Test Form
For Prescriptive and Performance Method

Date: ______________ Building Permit #: ________________________________

Job Description: ______________________________________________________

Builder: __________________________ Lot #: _____________________________

Address: ____________________________________________________________

City, State, Zip: ______________________________________________________

Email: __________________________ Phone: _____________________________

Air Filtration Test Results

Ach(50) = CFM(5) x 60 / Volume = ______________________________

☐ Pass with Mechanical Ventilation  ☐ Pass without Mechanical Ventilation  ☐ Fail

Passing results must be 7 ACH(5) or less.  ☐ If less than 3 ACH, mechanical ventilation is required.

Certification Test Results

Please mark type of certification entity:

☐ Energy Auditor or Energy Rater as defined in Florida Statutes Section 553.993. Copy of Certificate must be attached to this form.

☐ Class A air-conditioning contractor, Class B air-conditioning contractor or Mechanical Contractor.

☐ Professional Architect or Engineer is licensed by Florida Statutes Section 481 or 471

Signature: __________________________ Date: __________________________

Printed Name: __________________________

Company: __________________________ License or Certification#: ______________

Please sign, seal and date here

This form needs to be presented at the final inspection.

February 2018