

## 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) =  $CFM(5) \times 60 / \text{Volume}$  = \_\_\_\_\_

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

Please sign, seal and date here

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company: \_\_\_\_\_ License or Certification#: \_\_\_\_\_

This form needs to be presented at the final inspection.