



HOME OF PELICAN ISLAND

BUILDING DEPARTMENT

1225 MAIN STREET • SEBASTIAN, FLORIDA 32958  
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# Duct Leakage Test Report

## Prescriptive or Performance Method

Permit # \_\_\_\_\_

### Job Information

Builder: \_\_\_\_\_ Community: \_\_\_\_\_ Lot: \_\_\_\_\_

Address: \_\_\_\_\_ Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: FL Zip: \_\_\_\_\_

**Duct Leakage Test Results**     **Prescriptive Method**     **Performance Method**

System 1	_____ cfm25
System 2	_____ cfm25
System 3	_____ cfm25
Sum of any additional systems	_____ cfm25
<b>Total of all systems</b>	_____ <b>cfm25</b>

**Prescriptive Method** cfm25 (Total)  
 To qualify as "substantially leak free" Qn 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 R403.2.2

**Performance Method** cfm25 (Out or Total)  
 To qualify as "substantially leak free" Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2014

$$\frac{\text{Total of all systems}}{\text{Total Conditioned Square Footage}} = \text{_____ Qn}$$

Leakage Type selected on Form R405-2014 (Energy Calc)

Qn specified on Form R405-2014 (Energy Calc)

**PASS**

**FAIL**



### 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.

Date of Test: \_\_\_\_\_

Signature of Tester: \_\_\_\_\_

Printed Name of Tester: \_\_\_\_\_

License/Certification #: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_