



HOME OF PELICAN ISLAND

Building Department
 1225 Main Street, Sebastian, Florida 32958
 Telephone (772) 589-5537 • FAX (772) 589-2566

Envelope Leakage Test Report (Blower Door Test) R402.4.1.2 Compliance

Permit # : _____

Job Information

Builder: _____	Community: _____	Lot: _____
Address: _____	Unit: _____	
City: _____	State: Florida	Zip: _____

Air Leakage Test Results *Passing results must be 7 ACH(50) or less*

$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 = \text{ACH}(50)$ <p style="text-align: center;">PASS FAIL</p>	<p><u>Methods for calculating building volume:</u></p> <p>Retrieved from architectural Plans</p> <p>Code software calculated</p> <p>Field measured and calculated</p>
<p>When ACH(50) is equal to or less than 3, Mechanical Ventilation Installation must be verified by building department.</p>	

Certification of test Results

R.4022.4.1.2 Testing. The building or dwelling unit shall be tested and verified as having a air leakage rate of not exceeding 7 air changes per hour in Climate Zones 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.105(3)(f), (g), (i) or an approved third party. A written report of the results of the test shall be signed by the party conduction the test and provided to the code official. Testing shall be performed at any time after creation of the all penetrations of the building thermal envelope.

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the 5th Edition Florida Building Code Energy Conservation requirements Section R402.4.1.2, Climate Zone 1 and 2.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____