



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: FL

Zip:

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

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 = \text{ACH}(50)$$

PASS

FAIL

#### Method for calculating building volume:

- Retrieved from architectural plans
- Code software calculated
- Field measured and calculated

When ACH(50) is equal to or less than 3, Mechanical Ventilation installation must be verified by building department.

#### Certification of Test Results

**R402.4.1.2 Testing.** The building or dwelling unit shall be tested and verified as having an 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), or (l) or an *approved* third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the *code official*. Testing shall be performed at any time after creation of 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: \_\_\_\_\_