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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 between 3 ACH and Max 7*

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

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. (Submit how to obtain continuous Mechanical Ventilation per M1507 to Plan Review prior to field verification.)

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 not exceeding seven air changes per hour in Climate Zones 1 and 2, and three air changes per hour in Climate Zones 3 through 8. Testing shall be conducted in accordance with ANSI/RESNET/ICC 380 and reported at a pressure of 0.2 inch w.g. (50 pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), Florida Statutes, or individuals licensed as set forth in Section 489.105(3)(f), (g) or (i) 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 7th Edition Florida Building Code Energy Conservation requirements per Section R402.4.1.2, Climate Zone 2.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____