



Blower Door Test Form

For Prescriptive and Performance Method

Project Name: _____	Builder Name: _____
Street: _____	Permit Office: <u>Town of Astatula</u>
City, State, Zip: _____	Permit Number: _____
Design Location: _____	Jurisdiction: _____
Cond. Floor Area: _____	Cond. Volume: _____

Air Infiltration Test Results

ACH (50) = CFM (50) X 60 / VOLUME = _____

- PASS (Mechanical Ventilation *not* Required)
- PASS (With Mechanical Ventilation)
- FAIL

Certification of Test Results

Please mark type of certification entity

- Energy auditor or energy Rater as defined in Florida Statutes 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 Engineer or Architect licensed by Florida Statutes Section 471 or 481.

I hereby certify that the above Air Infiltration Test results demonstrate compliance with Florida Energy Code requirements in accordance with the Florida Building Code – Energy Conservation.

Signature: _____ Date: _____

Printed Name: _____ License / Certification # _____

Company: _____

NOTE: Completed Form to be submitted at Final Building Inspection