

**BLOWER DOOR TEST FORM**

**House Infiltration Test Certification**

**Prescriptive and Performance Method**

Date: \_\_\_\_\_ Permit #: \_\_\_\_\_

Contractor: \_\_\_\_\_

Job Address: \_\_\_\_\_

Construction: ( ) New Construction – Complete ( ) Existing – After Addition

**FBC, Energy**

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 Zone 1, 2 and 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.c. (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.

**FBC, Residential**

R303.4 Mechanical ventilation. Where the air infiltration rate of a dwelling unit is less than 3.00 air changes per hour where tested with a blower door at a pressure of 0.2 inch w.c. (50 Pa) in accordance with Section R402.4.1.2 of the Florida Building Code, Energy Conservation, the dwelling unit shall be provided with whole-house mechanical ventilation in accordance with Section M1507.3.

Testing Company

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

I hereby certify that the above House Infiltration results demonstrate compliance with FBC Energy Conservation requirements in accordance with Section R402.4.1.2 Climate Zone 2.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

License/Certification #: \_\_\_\_\_

**\*\* Important Note – Email this completed form to: [Building@Ocalafl.org](mailto:Building@Ocalafl.org)**