



Planning & Development Services
 Building & Code Regulation Division
 2300 Virginia Ave, Rm 201
 Fort Pierce, FL 34982
 Phone: 772-462-2165 Fax: 772-462-6443

BLOWER DOOR TEST FORM
House Infiltration Test Certification
Prescriptive and Performance Method

Date: _____ Permit #: _____

Contractor: _____

Job Address: _____

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

House Infiltration Test Results	SLC Climate Zone 2
CFM (50) = _____	Test Date: _____
Volume = _____	
ACH (50) = CFM (50) x 60 / Volume = _____	Mechanical Ventilation required less than 3 ACH
Passing results must be & ACH (50) or less	() Pass () Fail

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. 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*.

FBC, Residential

Where the air infiltration rate of a dwelling unit is less than 3 air changes per hour when 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 #: _____