



Duct Leakage Test Report

Prescriptive or Performance Method



Permit #: _____

Job Information

Builder:	Community:	Lot:
Address:		Unit:
City:	State: FL	Zip:

Duct Leakage Test Results

Prescriptive Method

 Performance/ERI Method

System 1	_____	cfm25
System 2	_____	cfm25
System 3	_____	cfm25
Sum of any additional systems	_____	cfm25
Total of all systems	_____	cfm25

Prescriptive Method cfm25 (Total)

To qualify as "substantially leak free" Q_n must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Q_n Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.3.3

Is the air handler unit installed during testing?

YES (=0.04 Q_n)
 NO (=0.03 Q_n)

_____ + _____ = _____ Q_n

Total of all Systems <input type="checkbox"/> PASS	Total Conditional Sq. Footage <input type="checkbox"/> FAIL
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Performance Method cfm25 (Out or Total)

To qualify as "substantially leak free" Q_n must not be greater than the proposed duct leakage Q_n specified on form R405-2017

Leakage Type selected on Form R405-2020 (Energy Calc) or R406-2020 <input style="width: 100%;" type="text"/>	Q_n specified on Form R405-2020 (Energy Calc) or R406-2020 <input style="width: 100%;" type="text"/>
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Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Duct Leakage results are in accordance with the 7th Edition Florida Building Code Requirements with the selected compliance path as stated above, either the Prescriptive Method or Performance Method.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____