



Project Address: \_\_\_\_\_ Permit Number: \_\_\_\_\_

**BUILDING THERMAL ENVELOPE TESTING VERIFICATION**

**Building Thermal Envelope Leakage Testing (R402.4.1.2):**

\_\_\_\_\_ ACH50       \_\_\_\_\_ CFM per SF of dwelling unit enclosure\*

I certify that I have conducted an **air leakage test and it has passed the requirements of the 2021 International Energy Conservation Code, as amended locally**. I further certify the testing was conducted in accordance with ANSI/RESNET/ICC 380, ASTM E779, or ASTM E1827 and that I am a third party as approved by the building official.

Agency and Certification Number: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Printed Name and Title of Responsible Party: \_\_\_\_\_

**DUCT LEAKAGE TESTING VERIFICATION**

**Rough-In Test Option (R403.3.5 1.)**       **Post Construction Test Option (R403.3.5 2)**

**System #1 - \_\_\_\_\_ CFM25    System #2 - \_\_\_\_\_ CFM25    System #3 - \_\_\_\_\_ CFM25**

**System #4 - \_\_\_\_\_ CFM25    System #5 - \_\_\_\_\_ CFM25    System #6 - \_\_\_\_\_ CFM25**

I certify that I have conducted a **total duct leakage test and it has passed the requirements of the 2021 International Energy Conservation Code, as amended locally**. I further certify that the testing was conducted in accordance with ANSI/RESNET/ICC 380 or ASTM E1554.

Agency and Certification Number: \_\_\_\_\_

Signature of Responsible Party: \_\_\_\_\_

Printed Name and Title of Responsible Party: \_\_\_\_\_

**MECHANICAL VENTILATION AIRFLOW TESTING VERIFICATION**

**Whole house System #1 - \_\_\_\_\_ CFM    Whole house System #2 - \_\_\_\_\_ CFM**

**Exhaust System #1 - \_\_\_\_\_ CFM    Exhaust System #2 - \_\_\_\_\_ CFM    Exhaust System #3 - \_\_\_\_\_ CFM**

**Exhaust System #4 - \_\_\_\_\_ CFM    Exhaust System #5 - \_\_\_\_\_ CFM    Exhaust System #6 - \_\_\_\_\_ CFM**

I certify that I have conducted **whole-dwelling mechanical ventilation airflow and exhaust ventilation airflow tests and they have passed the requirements of the 2021 International Residential Code or International Mechanical Code as applicable and as amended locally**. I further certify that I am a third party as approved by the building official.

**COD 3<sup>rd</sup> Party Provider: \_\_\_\_\_ COD Registration #: \_\_\_\_\_**

**Signature of Responsible Party: \_\_\_\_\_ Certification #: \_\_\_\_\_**

**Printed Name and Title of Responsible Party: \_\_\_\_\_ Date: \_\_\_\_\_**

\* Per R402.4.1.2 and R402.4.1.3: The maximum infiltration rate for Option 1 Prescriptive Path is 5 ACH in Climate Zone 2 or 3 ACH in Climate Zone 3. The maximum infiltration rate for all other compliance paths and climate zones is 5 ACH or 0.28 CFM per SF of dwelling unit enclosure.