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 Method

System 1	_____ cfm25
System 2	_____ cfm25
System 3	_____ cfm25
Sum of any additional systems	_____ cfm25
Total of all systems	0 _____ cfm25

$$\frac{0}{\text{Total of all systems}} \div \frac{}{\text{Total Conditioned Square Footage}} = \underline{0.00} \text{ Qn}$$

[ ] **PASS** [ ] **FAIL**

◯ **Prescriptive Method** cfm25 (Total)

To qualify as "substantially leak free" Qn must be less than or equal to 0.04 if air handler unit is installed. If air handler unit is not installed, Qn Total must be less than or equal to 0.03. This testing method meets the requirements in accordance with Section R403.2.2

◯ **Performance Method** cfm25 (Out or Total)

To qualify as "substantially leak free" Qn must not be greater than the proposed duct leakage Qn specified on Form R405-2014

Leakage Type selected on Form R405-2014 (Energy Calc)	Qn specified on Form R405-2014 (Energy Calc)

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above duct leakage testing results are in accordance with the 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: _____