



Islamorada, Village of Islands

BLOWER DOOR TEST FORM

Residential Prescriptive, Performance or ERI Method Compliance

Job Address:

Date:

Permit #:

Blower Door Testing Company:

Phone #:

Email:

AIR INFILTRATION TEST RESULTS:

CFM (50) =

Volume =

ACH(50)=CFM(50) X 60 /Volume =

Pass (7 ACH(50) or less)

Fail

Mechanical ventilation has been added

CERTIFICATION OF TEST RESULTS:

Testing. 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 Zones 1 and 2, 3 air change 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), F.S. or individuals licensed as set forth in Section 489.105(3)(f),(g),(h),(i) or an approved third party. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

AUTHORIZED THIRD PARTY:

I hereby certify the above results and that I hold the below certification. **(Certificate/License must be submitted w/test)**

<input type="checkbox"/>	Class A or B A/C Mechanical Contractor	License #:
<input type="checkbox"/>	RESNET approved HERS Rater Residential Field Inspector	Certification #:
<input type="checkbox"/>	BPI approved Building Analyst Energy Auditor	Certification #:
<input type="checkbox"/>	Professional Engineer	License #:

**Authorized Third Party
Signature:**

Print Name