

Duct Tightness Compliance Certificate

Date: _____

Permit Number: _____

Job Site Address: _____

Subdivision Name: _____ Lot #: _____

Duct Tightness Verification

Choose option used for compliance: per 2009 IECC Section 403.2.2 tested @25 Pa across system, including the manufacturer's air handler enclosure.

Post Construction Option: Leakage to outdoors shall be less than or equal to 8 cfm (226.5 L/min) per 100 ft² (9.29 m²) of conditioned floor area or a total leakage less than or equal to 12 cfm (12 L/min) per 100 ft² (9.29 m²) of conditioned floor area when tested at a pressure differential of 0.1 inches w.g. (25 Pa) across the entire system, including the manufacturer's air handler enclosure. All register boots shall be taped or otherwise sealed during the test. Results of test: _____ CFM.

Rough-in test Option: Total leakage shall be less than or equal to 6 cfm (169.9 L/min) per 100 ft² (9.29 m²) of conditioned floor area when tested at a pressure differential of 0.1 inches w.g. (25 Pa) across the roughed in system, including the manufacturer's air handler enclosure. All register boots shall be taped or otherwise sealed during the test. If the air handler is not installed at the time of the test, total leakage shall be less than or equal to 4 cfm (113.3 L/min) per 100 ft² (9.29 m²) of conditioned floor area. Results of test: _____ CFM.

I certify that I have conducted a **duct blaster test and it has passed the requirements of the 2009 International Energy Conservation Code**. I further certify that I am a certified HERS Rater or Rated Field Inspector by RESNET or Performance Verification Technician, or other certifications as may be approved by the building official.

Certification Number: _____

Testing Agency: _____

Agency Address: _____

Signature of Inspector/Testing Technician: _____

Printed Name of Inspector/Testing Technician: _____

Phone: _____ Email: _____