



# Duct Leakage Test Report



Residential Prescriptive, Performance or ERI Method Compliance  
2023 Florida Building Code, Energy Conservation, 8th Edition

Jurisdiction:		Permit #:	
<b>Job Information</b>			
Builder:		Lot:	
Address:		Unit:	
City:		State:	Zip:
<b>Duck Leakage Test Results</b> <input type="checkbox"/> Prescriptive Method <input type="checkbox"/> Performance/ERI Method			
System 1	_____ cfm25	<input type="checkbox"/> <b>Prescriptive Method cfm25 (Total)</b> 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? <input type="checkbox"/> YES ( $=.04Q_n$ ) <input type="checkbox"/> NO ( $=.03Q_n$ )	
System 2	_____ cfm25		
System 3	_____ cfm25	<input type="checkbox"/> <b>Performance Method cfm25 (Out or Total)</b> To qualify as "substantially leak free" $Q_n$ must not be greater than the proposed duct leakage $Q_n$ specified on form R405-2023 OR R406-2023.  <input type="checkbox"/> Leakage Type selected on Form R405-2023 <input type="checkbox"/> $Q_n$ specified on Form R405-2023 (Energy Calc) or R406-2023      (Energy Calc) or R406-2023 _____  <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Sum of any additional systems	_____ cfm25		
Total of all systems	_____ cfm25		
_____ + _____ = _____ $Q_n$			
Duct tightness shall be verified by testing in accordance with ANSI/RESNET/ICC380 by either individuals as defined in Section 553.993(5) or (7), <i>Florida Statutes</i> , or individuals licensed as set forth in Section 489.105(3)(f), (g) or (i), <i>Florida Statutes</i> .			
<b>Testing Company</b>			
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.			
Signature of Tester: _____ Date of Test: _____			
Printed Name of Tester: _____			
License/Certification #: _____ Issuing Authority: _____			