

Building Air-Tightness Test Form

<p><u>Customer Information:</u></p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____</p> <p>State/Zip: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p><u>Building & Test Conditions:</u></p> <p>Date: _____</p> <p>Time: _____</p> <p>Floor Area (ft²): _____</p>
<p><u>Building Address:</u> (if different from above)</p> <p>Street: _____</p> <p>City/State: _____</p>	

Comments:

Test #1 Depress: _____ Press: _____

Pre-test Baseline Pressure: _____ (Pa)

Bldg Press. (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)

Post-test Baseline Pressure: _____ (Pa)
Fan Model/SN: _____

Results:
CFM50: _____
ACH50: _____

Test #2 Depress: _____ Press: _____

Pre-test Baseline Pressure: _____ (Pa)

Bldg Press. (Pa)	Flow Ring Installed	Fan Press (Pa)	Flow (cfm)

Post-test Baseline Pressure: _____ (Pa)
Fan Model/SN: _____

Results:
CFM50: _____
ACH50: _____

HERS Rater Name and Cert. #: _____

HERS Rater Signature and Date: _____