Duct Leakage Test Form for MA Code Compliance

Client Information	Building Information
Name:	Address:
Address:	City/State/Zip:
City/State/Zip:	Test Date:
Phone:	Test Time:
Email:	Point of Construction: O Rough O Final
System #1 Location: Type of Test: O Total / O to Outside	System # 2 Location: Type of Test: O Total / O to Outside
Approx. Floor Area Served:	Approx. Floor Area Served:
CFM Leakage at 25pa:	CFM Leakage at 25pa:
Approx. % leakage for single system*:	Approx. % leakage for single system*:
Approx. A realide for single system.	Approx. A leakage for single system.
System # 3	System # 4
Location:	Location:
Type of Test: O Total / O to Outside	Type of Test: O Total / O to Outside
Approx. Floor Area Served:	Approx. Floor Area Served:
CFM Leakage at 25pa:	CFM Leakage at 25pa:
Approx. % leakage for single system*:	Approx. % leakage for single system*:
System # 5	Combined Results
Location:	Total Conditioned floor area: sq. ft.
Type of Test: O Total / O to Outside	Leakage limit: O 6% O 8% O 12%
Approx. Floor Area Served:	Leakage limit: cfm@25
CFM Leakage at 25pa:	Combined Leakage**: cfm@25
Approx. % leakage for single system*:	2009 IECC Compliance: O Pass O Fail
*Approximations for single systems are for diagnostic use only. **Total combined duct leakage is required for 2009 IECC Compliance. I certify that this test was performed in compliance with applicable standards:	
Tester's Signature	Date
HERS Rater Name:	
HERS Rater Company:	
HERS Rater Provider	