

Duct Leakage Test Form for MA Code Compliance

<u>Client Information</u>
Name:
Address:
City/State/Zip:
Phone:
Email:

<u>Building Information</u>
Address:
City/State/Zip:
Test Date:
Test Time:
Point of Construction: <input type="checkbox"/> Rough <input type="checkbox"/> Final

<u>System #1</u>
Location:
Type of Test: <input type="checkbox"/> Total / <input type="checkbox"/> to Outside
Approx. Floor Area Served:
CFM Leakage at 25pa:
Approx. % leakage for single system*:

<u>System # 2</u>
Location:
Type of Test: <input type="checkbox"/> Total / <input type="checkbox"/> to Outside
Approx. Floor Area Served:
CFM Leakage at 25pa:
Approx. % leakage for single system*:

<u>System # 3</u>
Location:
Type of Test: <input type="checkbox"/> Total / <input type="checkbox"/> to Outside
Approx. Floor Area Served:
CFM Leakage at 25pa:
Approx. % leakage for single system*:

<u>System # 4</u>
Location:
Type of Test: <input type="checkbox"/> Total / <input type="checkbox"/> to Outside
Approx. Floor Area Served:
CFM Leakage at 25pa:
Approx. % leakage for single system*:

<u>System # 5</u>
Location:
Type of Test: <input type="checkbox"/> Total / <input type="checkbox"/> to Outside
Approx. Floor Area Served:
CFM Leakage at 25pa:
Approx. % leakage for single system*:

<u>Combined Results</u>
Total Conditioned floor area: _____ sq. ft.
Leakage limit: <input type="checkbox"/> 6% <input type="checkbox"/> 8% <input type="checkbox"/> 12%
Leakage limit: _____ cfm@25
Combined Leakage**: _____ cfm@25
2009 IECC Compliance: <input type="checkbox"/> Pass <input type="checkbox"/> 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: _____	