



DEPARTMENT OF BUILDING INSPECTION

Duct Leakage Testing Affidavit (New Construction)

Permit #: _____ Address or lot number _____

City: _____ Zip: _____ GPIN _____

Conditioned Floor Area (ft2): _____ Source (circle one): Plans Estimated Measured

[] Duct tightness testing is not required. The total leakage test is not required for ducts and air handlers located entirely within the building thermal envelope. Ducts located in other than conditioned crawl spaces do not qualify for this exception.

Air Handler in conditioned space? [] Yes [] No Air Handler present during test? Yes [] No []

Circle Test Method: Leakage to Outside Total Leakage

Maximum duct leakage: (check one)

- [] Post Construction, total duct leakage: (floor area x .04) = _____ CFM@25 Pa
[] Post Construction, leakage to outdoors: (floor area x .04) = _____ CFM@25 Pa
[] Rough-In, total duct leakage with air handler installed: (floor area x .04) = _____ CFM@25 Pa
[] Rough-In, total duct leakage with air handler not installed: (floor area x .03) = _____ CFM@25 Pa

Test Result: _____ CFM@25Pa - total duct leakage [] PASS [] FAILED

Ring (circle one if applicable): Open 1 2 3

Duct Tester Location: _____ Pressure Tap Location: _____

I certify that these duct leakage rates are accurate and determined using standard duct testing protocol in accordance with the Virginia Residential Code and the Virginia Energy Conservation Code.

Company Name: _____ Technician: _____

Technician Signature: _____ DPOR License #: _____

Date: _____ Phone Number: _____