

Building Airtightness Test Form

Customer Information:

Name: _____
 Address: _____
 City: _____
 State/Zip: _____
 Phone: _____
 Email: _____

Building and Test Conditions:

Date: _____
 Time: _____
 Indoor Temperature (F): _____
 Outdoor Temperature (F): _____
 Volume (ft³): _____
 Floor Area (ft²): _____
 Surface Area (ft²): _____
 # Bedrooms: _____
 # Occupants: _____
 Wind Shielding: _____

Building Address: (if different from above)

Street: _____
 City/State: _____

Comments:

Test #1 Depress _____ Press _____

Pre-test Baseline Pressure: _____ (Pa)

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

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

Results:

CFM50: _____
 ACH50: _____
 CFM50/ft²: _____
 Mpls Leakage Ratio: _____

Test #2 Depress _____ Press _____

Pre-test Baseline Pressure: _____ (Pa)

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

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

Results:

CFM50: _____
 ACH50: _____
 CFM50/ft²: _____
 Mpls Leakage Ratio: _____