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Northshore Envelope Leakage Test Report (Blower Door Test)

Permit #:

Job Information

Builder: _____ Community: _____ Lot: _____

Address: _____ Unit _____

City: _____ State: _____ Zip: _____

Air Leakage Test Results *Passing results must be no more than 7 ACH(50) or less than 3 ACH (50)*

$$\frac{\text{CFM}(50)}{\text{Building Volume}} \times 60 \div \text{ACH}(50) = \text{ACH}(50)$$

PASS

FAIL

Method for calculating building volume:

- Retrieved from architectural plans
- Code software calculated
- Field measured and calculated

When ACH(50) is less than 3, Mechanical Ventilation installation must be verified by building department.

Certification of Test Results

Testing. The building or dwelling unit shall be tested and verified as having an air leakage rate of not exceeding 7 air changes per hour in Climate Zones 2, or below 3 air changes per hour. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals).

Testing Company

Company Name: _____ Phone: _____

I hereby verify that the above Air Leakage results are in accordance with the LSUCCC Energy Conservation requirements.

Date of Test: _____

Signature of Tester: _____

Printed Name of Tester: _____

License/Certification #: _____ Issuing Authority: _____

Move here.