

# TOWN OF OCEAN RIDGE

6450 N. Ocean Blvd., Ocean Ridge, FL 33435  
561.732.2635 Main ♦ [permits@oceanridgeflorida.com](mailto:permits@oceanridgeflorida.com) ♦ [www.oceanridgeflorida.com](http://www.oceanridgeflorida.com)



## Envelope Leakage Test Report (Blower Door Test – R402.4.1.2 Compliance)

Permit Number: \_\_\_\_\_ Property Address: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contractor's Complete Address: \_\_\_\_\_

### Air Leakage Test Results (Passing results must be 7 ACH (50) or less)

\_\_\_\_\_ X 60 / \_\_\_\_\_ = \_\_\_\_\_  PASS  FAIL  
CFM (50) Building Volume ACH (50)

#### 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 the building department.

### Certification of Test Results

**R402.4.1.2. 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 1 and 2, 3 air changes per hour in Climate Zones 3 through 8. Testing shall be conducted with a blower door at a pressure of 0.2 inches w.g. (50 Pascals). Testing shall be conducted by either individuals as defined in Section 553.993(5) or (7), F.S. or individuals licensed as set forth in Section 489.105(3)(f), (g), or (i) or an approved third party. A written report of the results of the test shall be signed by the party conducting the test and provided to the code official. Testing shall be performed at any time after creation of all penetrations of the building thermal envelope.

### Testing Company

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby verify that the above Air Leakage results are in accordance with the 5<sup>th</sup> Edition Florida Building Code Energy Conservation requirements Section R402.4.1.2, Climate Zone 1 and 2.

Date of Test: \_\_\_\_\_

**\*Attach copy of certificate\***

Signature of Tester: \_\_\_\_\_

Printed Name of Tester: \_\_\_\_\_

License/Certification Number: \_\_\_\_\_ Issuing Authority: \_\_\_\_\_