



TOWN OF OCEAN RIDGE

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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 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 5th 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: _____