

## Approved Blower Door Test Form

Updated 08.16.2023

## **GENERAL INFORMATION**

Upload the approved form to your online permit in Accela. Please be sure to use the document type named "Approved Blower Door Test Form."

PROJECT INFORMATION			
Builder: Project Address:		Project No.:	
		Unit No.:	
Project City, State, Zip:			
AIR FILTRATION TEST RESULTS			
CFM(50) =	= Volume =		
ACH(50) = CFM(50) x 60 / Volume =			
Pass (Passing results must be 7 ACH(50) of	or less) Fai	il	
Note: Buildings with less than 3 air changes per h	nour will require a whole	house ventilation system in accordance with M1507	7.3.
CERTIFICATION OF TEST RESULTS			
per hour in Climate Zones 1 and 2, 3 air changes per a pressure or 0.2 inches w.g. (50 Pascals). Testing individuals licensed as set forth in Section 489.105(	er house in Climate Zone s shall be conducted by eith (3)(f), (g), or (h) or approve	d as having an air leakage rate not exceeding 7 air cha 3 through 8. Testing shall be conducted with a blower ther individuals as defined in Section 553.993(5) or (7), ed third party. A written report of the results of the test Testing shall be performed at any time after creation of	door at F.S or shall
AUTHORIZED THIRD PARTY			
Class A or B Air Conditioning or Mechanica	al Contractor	License No.:	
Energy Auditor		Certification No.:	
Energy Rater			
Printed Name		Date	
Signature	<del></del>		