2015 IECC PERFORMANCE TESTING COMPLIANCE CERTIFICATE

Job Address: _____Date:_____
Permit Number: _____

DUCT LEAKAGE TESTING VERIFICATION

Choose option used for compliance: per 2015 IECC Section R403.3.4, system tested @ 25 Pascals across, including the manufacturer's air handler enclosure.

☐**Rough-in test Option(**see code for test specifics)**:** Results of test: _____CFM.
☐**Post Construction Option (**see code for test specifics): Results of test: _____CFM.

I certify that I have conducted a **duct blaster test and it has passed the requirements of the 2015 International Energy Conservation Code.** I further certify that I am certified to perform duct testing leakage testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, and have not installed the HVAC system; nor am I employed or have any financial interest in the company that constructs the structure.

Certification Number: Agency: _____

Signature of Inspector/Testing Technician: _____

Printed Name of Inspector/Testing Technician: _____

BUILDING THERMAL ENVELOPE LEAKAGE TESTING VERIFICATION

Compliance requirements: per 2015 IECC Section R402.4.1.2, building thermal envelope tested @ 50 Pascals in accordance with ASTM E 779 or ASTM E1827 to verify an air leakage of not exceeding three air changes per hour.

Building Thermal Envelope Leakage Testing: Results of test: ____ air changes per hour.

I certify that I have conducted an **air leakage test and it has passed the requirements of the 2015 International Energy Conservation Code.** I further certify that I am certified to perform air infiltration testing certified by national or state organizations as approved by the building official. I certify I am an independent third-party entity, nor am I employed or have any financial interest in the company that constructs the structure.

Certification Number: Agency: _____

Signature of Inspector/Testing Technician: _____

Printed Name of Inspector/Testing Technician: _____